

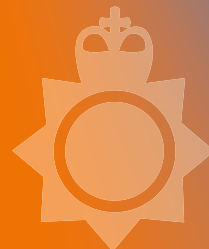
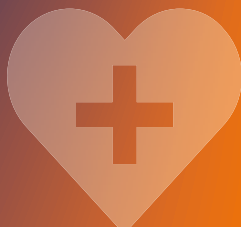


**Camau Cynnar
gyda'n Gilydd**
**Early Action
Together**

Rhaglen ACEau yr Heddlu a Phartneriaid
Police & Partners ACEs Programme

Understanding the Landscape of Policing when Responding to Vulnerability:

Interviews with frontline officers across Wales



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Authors

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Acknowledgments

This evaluation was funded through the Home Office Police Transformation Fund (PR-105).

We would like to thank all the police officers and staff who participated in the research across Wales. We would also like to thank North Wales Police, South Wales Police, Dyfed Powys Police and Gwent Police forces, for allowing the research team access to their workforce and aiding in the recruitment process.

We would like to thank Dr Freya Glendinning and Zoe Bezezcky for their support with research design and data collection. Furthermore, we would like to thank the Early Action Together national programme team for their continued support and advice with research and evaluation, with a special thank you to Jo Ramessur-Williams. We would like to thank Dr Gill Richardson and Dr Alisha Davies for reviewing the report and providing their comments.

ISBN 978-1-78986-154-1 |

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Contents

Executive Summary	4
1. Introduction	9
2. Transformational change in policing: lessons from the literature	11
2.1 Understanding vulnerability in a policing context.....	11
Vulnerability demand and type	11
Policy and guidance	13
Adverse Childhood Experiences (ACEs) and trauma-informed approaches.....	14
2.2 Multi-agency working	15
2.3 Police wellbeing	16
Organisation Support.....	17
Peer Support	17
2.4 Organisational change in a policing context.....	18
Attitudes towards organisational change.....	18
Content of change	18
Context of change.....	19
Process of change	19
3. Method	20
4. Findings.....	24
4.1 Perceptions of policing responsibilities and force priorities.....	24
4.1.1. Police perceptions of policing	24
4.1.2. Public perceptions of policing	26
4.2. Police experience of working with vulnerability	27
4.2.1. Perceptions of vulnerability	27
4.2.2. Challenges within vulnerability	28
4.2.3. Responding to vulnerability	31
4.3 Current police training on vulnerability	33
4.3.1. Attitudes towards training	33
4.3.2. Training delivery	34
4.3.3. Further training	36
4.4. Understanding of adverse childhood experiences (ACEs) and trauma	38
4.4.1. Understanding of ACEs	38
4.5. Multi-agency working	39
4.5.1 Benefits of multi-agency working.....	39
4.5.2. Challenges of multi-agency working	41
4.6. Personal wellbeing and access to support.....	43
4.6.1. Impact on wellbeing	43
4.6.2. Support and other protective factors	46
4.6.3. Barriers to wellbeing support	48
4.7. Experience of organisational change within police force	49
4.7.1. Attitudes towards organisational change	49
5. Discussion and Recommendations.....	52
5.1. Perceptions of police responsibilities	53
5.1.1. Recommendations.....	53
5.2. Police experience of working with vulnerability	54



- 5.2.1. Recommendations..... 54
- 5.3. Current police training on vulnerability 55**
 - 5.3.1. Recommendations..... 55
- 5.4. Understanding of adverse childhood experiences (ACEs) and trauma 55**
 - 5.4.1. Recommendations..... 55
- 5.5. Multi-agency working 56**
 - 5.5.1. Recommendations..... 56
- 5.6. Personal wellbeing and access to support..... 57**
 - 5.6.1. Recommendations..... 57
- 5.7. Experience of organisational change within police 58**
 - 5.7.1. Recommendations..... 58
- 6. Summary 59**
- 7. References 60**
- 8. Appendix 62**

Acronyms used in the report

ACEs	Adverse Childhood Experiences
ACE TIME training	Adverse Childhood Experience Trauma Informed Multi Agency Early Action Together Training
AIAPV training	ACE Informed Approach to Policing Vulnerability Training
BCU	Basic Command Unit
Comms Op	Communications Operator
CRO	Criminal Records Office
CSO	Community Support Officer
DC	Detective Constable
D&E	Detention and Escort Officer
DPP	Dyfed Powys Police
DS	Detective Sergeant
EIP	Early Intervention and Prevention Project
FCC	Force Control Centre
GWP	Gwent Police
LPDT	Local Police Delivery Team
LPS	Local Policing Service
MA	Multi-Agency
MASH	Multi-Agency Safeguarding Hubs
NPCC	National Police Chiefs Council
NPT	Neighbourhood Police Team
NWP	North Wales Police
PC	Police Constable
PCSO	Police Community Support Officer
PIF	Police Innovation Fund
PPN	Public Protection Notice
PS	Police Sergeant
PSC	Police Staff Council
PSLO	Police School Liaison Officer
PTF	Police Transformation Fund
SC	Special Constable
SWP	South Wales Police
VVA	Victim Vulnerability Assessment

Executive Summary

The National Adverse Childhood Experiences Approach to Policing Vulnerability: Early Action Together (E.A.T) programme is a unique collaboration between Public Health Wales and the four Welsh Police Forces and Police and Crime Commissioners, in partnership with Criminal Justice, Youth Justice and third sector organisations, funded by the Home Office to deliver a national programme of change across Wales. Whilst public safety, welfare and vulnerability is the highest demand for UK police forces, frontline officers and staff face many challenges responding to vulnerable individuals. The E.A.T. programme sets out to address these challenges and transform how police and partner agencies work together to respond to vulnerability beyond statutory safeguarding. Recognising the importance of early intervention and preventative action, this programme will develop a whole systems response to vulnerability to ensure pathways for support are available for the police when vulnerability falls below thresholds for statutory support. Building into current systems, this work will utilise existing community assets to develop a bank of resources for police and partners to draw upon when supporting people in their communities.

This report is the first in a series of reports that has sought to understand the landscape in policing vulnerability across Wales, which in turn will support the E.A.T programme approach. It outlines the reality of responding to vulnerable individuals for frontline officers, the enablers and blockers in current service delivery and examines the introduction of the Adverse Childhood Experience Trauma-Informed Multi-agency Early Action Together training (ACE TIME training). This report provides the individual, situational and organisational context within which to view post ACE TIME training findings and provide key recommendations when preparing to deliver a National transformational and cultural change programme within policing.

To capture the rich, complex picture of policing vulnerability 152 semi-structured interviews with a range of different policing roles across Wales were conducted. A review of the literature provided an understanding of the nature of vulnerability demand, examined key aspects that influence responses to incidents of vulnerability and explored potential factors that may affect engagement with the transformational change the E.A.T programme attempts to achieve. A number of key areas emerged from the literature that informed interviews with frontline staff:

- (1) Previous knowledge and understanding of vulnerability through training, systems, policy and guidance;
- (2) Understanding and attitudes towards 'trauma-informed' approaches and ACEs, in a police context;
- (3) Experiences and views on multi-agency working and collaborative working;
- (4) Workforce wellbeing, with a strong evidential link between the importance of wellbeing, organisational support and organisational belonging;
- (5) Attitudes and perceptions of transformational and organisational change programmes within policing.

Key findings and recommendations

Key findings have been translated into a number of fundamental recommendations for the E.A.T programme to take forward, and wider recommendations for those looking to embark on an ACE and trauma-informed approach to policing in the future.

Perceptions of policing responsibilities

There was overwhelming agreement among frontline police staff across Wales that policing vulnerability was a key part of their role, that they were best placed as 'first responders', and should respond appropriately. Positive views on this broader role of policing talked about "*looking after people*" with a clear sense of responsibility to "*prevent escalation.*" There was certainly universal recognition that the role of policing had changed, with some linking this to "*cuts*" within policing, and across other organisations such as social services, which resulted in increased pressure and demand on them due to the "*time*" required to deal with these incidents. This also led to beliefs that knowing past childhood experiences of individuals was not the police's concern, that this is the role of other services and that they should just "*investigate crime*".

Recommendations

- Work to integrate into the role of policing to include an expectation of responding to vulnerability as a core component of policing and not just 'fighting crime' (traditional policing of crime, versus the reality of dealing with complex vulnerability demand);
 - Feed in to recruitment criteria to link with specific skillsets to meet the challenges and needs associated with policing vulnerability demand, initial police training and continuous training throughout the police in delivering these key messages;
 - Training with both new and existing staff to focus on confidence and skills in being able to respond more appropriately to vulnerability, as well as linking with services that can assist.

Police experience of working with vulnerability

It was clearly understood across the forces the wide spectrum of “*constantly evolving*” vulnerability in its various forms, highlighting challenges in how to respond and deal with it within their role. Challenges highlighted centred around the restricted short-term solutions that policing can provide given the nature of their role. This was especially evident when faced with potential vulnerability issues; with participants explaining short-term responses such as locking people up were not appropriate. Mental health related demand was mentioned across all forces with evidence indicating that police felt that this was an area where they spent most time, with the solutions they could offer limited due to knowledge, skills, limited resource and appropriate signposting. Most participants, across all ranks and roles agreed that within their police force, there was a need to improve their responses to vulnerability, with participants showing a clear need for increased training in both dealing with mental health and vulnerability issues in general.

Recommendations

- Open communications internally that gives officers on the frontline more information about the vulnerability demand, i.e., mental health related demand. Managing expectations and being open with all officers about the trends and nature of demand; Feed in to recruitment criteria to link with specific skillsets to meet the challenges and needs associated with policing vulnerability demand, initial police training and continuous training throughout the police in delivering these key messages;
- Provide regular face to face training on vulnerability, given the wide scope and nature of vulnerability, with focus on:
 - Use of specialists for training with specific expertise in various forms of vulnerability;
 - Workshops to give officers opportunity to learn appropriate responses to vulnerability and practice in safe environments;
 - Training in systems that record vulnerability: specifically addressing language, detail, risk and feedback provided to ensure confidence and sustainability of best practice approaches;
 - Collaborative training with key agencies that deal with vulnerability to enable cross-cutting learning regarding roles and responsibilities, to understand each service’s potential contribution and to establish standard pathways and joint referral assessments.

Current police training on vulnerability

When specifically asked about training already received, the perceived relevance was seen as important, with training that is tailored locally allowing for increased understanding and likelihood of being adopted outside the classroom. There was an overarching preference from participants for training to be delivered by experts and specialists in the areas. They also appreciated taking time out of a very busy operational role, to a classroom to be able to learn and develop, and apply the knowledge within their frontline role.

Recommendations

- Where possible include skilled specialists to deliver training, that can apply knowledge at a localised level and include practical examples for operationalising knowledge;
- Emphasise the relevance of training prior to and during training days – help to manage expectations and provide clarity on learning outcomes of the training and how it will benefit them and the organisation;
- Develop and implement an evaluation framework for all training, to ensure learning outcomes are met, and allow officers to feel as though their opinions are valued in determining training going forward.

Understanding of adverse childhood experiences (ACEs) and trauma

A clear understanding of the long-term impact of experiencing ACEs was communicated, with participants describing this as “trauma that’s happened at some point in their childhood or from a young age would perhaps have an impact on maybe offending or the way they now live their lives.” Many expressed this in examples of a child exposed to domestic abuse within their household, which may show knowledge at the highest level of trauma, rather than considering other less obvious ACE factors. Interestingly, all forces showed a lack of awareness of the term ‘trauma-informed approach’.

Recommendations

- Training and guidance regarding the various aspects of ACEs and trauma, with attention to those less obvious and visible factors such as emotional abuse;
- Encourage the use of ACE and trauma informed language within referrals to aid with multisector responses and communication and promote appropriate information sharing across services shared;
- Evaluate the impact of the understanding of ACEs and trauma-informed approaches 6 months post-training, to identify whether key messages have been received and are being applied operationally within the police context.

Multi-agency working

All forces clearly demonstrated agreement on the need for multi-agency (MA), whole system approaches to best deal with vulnerability. Challenges to this way of working were highlighted across the forces, which centred on the traditional office working hours and availability of agencies and services not being aligned to the demand. Additional frustrations indicated a lack of knowledge as to what happens to cases when passed onto others.

Recommendations

- Encourage joint training, workshops and events to allow sharing of roles and responsibilities and what happens within processes that flow between organisations;
- Evaluate the ‘benefits’ of MA working for the organisations, practitioner and vulnerable individual, and share across those that deal work with vulnerability at all levels.

Personal wellbeing and access to support

Officers talked about the impact of dealing with traumatic events, with very little time given to reflect and deal with before going home. Interviews highlighted an ongoing unmet need of post trauma care for police officers. Although most stated there were no real barriers to accessing their own force wellbeing support, the culture and associated stigma was a key driver in why they had not accessed support when they themselves had struggled. The perceived additional work that this would also create for their colleagues was highlighted, which made them reluctant to go off sick.

Recommendations

- Address the stigma around perceived barriers to accessing support by provide regular communications regarding wellbeing support, including case studies of how people have not had their careers adversely affected;
- Encourage ways to promote peer support and opportunities to be involved in activities outside of work that fosters personal discussions and offloading in safe environments with those that may understand issues through shared experiences;
- Encourage reflective practice and the seeking of counsellor-based support when needed within the police.

Experience of organisational change within police

It was clear across the four Welsh forces that organisational changes were communicated and came from the top through a “cascade” effect. This inevitably led officers to feel left out of decisions and implementation methods of changes, with the questioning of changes not an option. For some officers, this left them feeling undervalued, especially when the changes directly impacted on them and their role. This was linked to the fact that many changes came from the top, with a clear indicator for them “how detached the management are from reality.”

Recommendations

- Ensure opportunities of engagement and co-design of change agendas before implementation, particularly with those groups the change would affect most;
- Provide feedback on consultancy across force and be transparent in decision making, so officers are aware of the result of their input in change processes;
- Communicate change through various forms, not just via the intranet, particularly for those groups directly affected with clear messaging on what the changes are, why (rationale for changes) and how this benefits individuals/organisation.

1. Introduction

Responding to vulnerability is a key feature of the service provided by UK police forces, with demand data highlighting that the level of need for this exceeds that of criminal activity. There is a growing body of research evidencing that often crime and vulnerability do not operate in isolation to one another [1], however, police forces are finding it challenging to address the complex nature of vulnerability and the increasing demand this places on an already stretched service. A recent study exploring the prevalence of ACEs in a male offender population in Wales found that 84% of those incarcerated reported that they had experienced at least one ACE, with just under half, 46% having experienced four or more [2].

Recent research has demonstrated that both vulnerability and offending behaviour can stem from Adverse Childhood Experiences (ACEs), which can disrupt developmental processes and cause unfavourable behaviours (e.g., violence, health harming behaviours). Recognising these experiences and the underlying trauma they may cause can improve outcomes for vulnerable individuals. The National Adverse Childhood Experiences Approach to Policing Vulnerability: Early Action Together (E.A.T) programme is a unique collaboration between Public Health Wales and the four Welsh Police Forces and Police and Crime Commissioners, in partnership with Criminal Justice, Youth Justice and third sector organisations, funded by the Home Office Police Transformation Fund. Expanding upon work from the previous 'Early Intervention and Prevention: Breaking the Generational Cycle of Crime project' (EIP) [3], the key aim is to facilitate Public Service understanding of vulnerability and trauma and aid in their responses through a collaborative shared agenda. The E.A.T programme seeks to address the lack of early intervention and preventative activity when ACEs and trauma are evident and families are at risk of poor outcomes, and the associated impact this has on policing in terms of vulnerability and crime. The programme aims to develop a Wales-wide approach to training and practice for vulnerability, centred on ACEs and implementing ACE and trauma-informed approaches that can be operationalised based on the needs of each local force area.

This report is the first in a series of reports that seeks to understand the landscape in policing vulnerability across Wales, which in turn will support the E.A.T programme^a [4]. We will look to capture the reality of responding to vulnerable individuals for frontline officers, the enablers and blockers in current service delivery, before the introduction of the Adverse Childhood Experience Trauma-Informed Multi-agency Early Action Together training (ACE TIME training). Alongside other reports^b, this report will help provide the individual, situational and organisational context within which to view the findings post ACE TIME training and provide key recommendations when preparing to deliver a National transformational and cultural change programme within policing.

To capture the rich, complex picture of policing vulnerability, a qualitative approach is being taken, drawing on semi-structured interviews with a range of different policing roles across Wales. This will be further supported by a review of current literature to provide an understanding of the nature of vulnerability demand, to examine key aspects that may influence responses to incidents of vulnerability and explore potential factors that may impact on engagement with the transformational change the E.A.T programme attempts to achieve. A number of key areas emerged from the literature that informed interviews with frontline staff:

a For further information regarding the E.A.T programme refer to the 'Transitioning from Police Innovation to a National Programme of Transformation' report [1]

b Localised population and demand reports have been produced across each of the pathfinder areas in Wales to help understand the differing socio-demographic, demand and services profiles.

- 1. Previous knowledge and understanding of vulnerability through training, systems, policy and guidance, including current operational experiences of vulnerability in terms of the demand, type, their view and typical responses;**
- 2. Understanding and attitudes towards ‘trauma-informed’ approaches and ACEs, in a police context;**
- 3. Experiences and views on multi-agency working and collaborative working;**
- 4. Workforce wellbeing, with a strong evidential link between the importance of wellbeing, organisational support and organisational belonging, in addition to their own experiences of trauma and ACEs, in work productivity, and finally;**
- 5. Attitudes and perceptions of transformational and organisational change programmes within policing.**

Therefore, the aim of this report is to understand the current landscape of responding to vulnerability as a police officer in Wales before any additional training on Adverse Childhood Experiences (ACEs) and trauma-informed approaches are delivered. Understanding the current experiences of policing in regards to the individual, situational, organisational and geographical differences will inform the translation of findings throughout the E.A.T programme into practical recommendations. It is envisaged that from this, a readiness tool will be created that allows other forces to be aware of potential blockers and enablers, providing effective strategies to help deliver future programmes of change within policing.

2. Transformational change in policing: lessons from the literature

The below literature provides an insight into the importance of change and the complexity of delivering a programme of transformation for police and partners across Wales.

2.1. Understanding vulnerability in a policing context

Vulnerability demand and type

There has been a great deal of change to policing in terms of both the type and level of demand. Although the statistics show no 'significant' reduction in crime rates during 2018, over the past couple of decades 'volume crime' (e.g., domestic abuse and theft) has been steadily declining in England and Wales [5, 6]. College of Policing (CoP) has reported that 83% of crime and control calls are related to non-criminal activity and that incidents relating to "public safety, complex welfare and issues of vulnerability" are increasing [5]. For example, in South Wales Police (SWP) there has been a 30% increase in public welfare and safety over the past 10 years [7], with national data demonstrating that only 14% of calls and 24% of incidents responded to resulted in a crime report being generated [8].

Whilst the data demonstrates that the level of non-crime demand is high, vulnerability is poorly captured within police data, with systems currently not designed to fully give a breakdown of the level and type of vulnerability demand placed on police services. More specifically, the method of capturing vulnerability, beyond safeguarding referrals, is often limited to the use of 'flags' on police record management systems, however, these are used ad hoc and poorly represent the true extent of the level of vulnerability responded to. For example, in recent data mental health issues were flagged in just 1% of incidents and safeguarding a vulnerable person was flagged in 3% of incidents, however, research suggests that in reality, incidents of mental health is as high as 12% [9], with an even greater level of safeguarding demand evidenced through police referrals.

The CoP estimates that on an average day, alongside responding to 150 reported crimes and 709 recorded incidents, police officers support 1,000 children and young people under child protection plans and 1,600 domestic abuse victims [10]. Analysis of Public Protection Notifications (PPNs) received by SWP over a 12-month period in 2016 resulted in a total of 61,590 PPNs. This showed that 13% had more than one area of concern (i.e., domestic abuse, child concern/child sexual exploitation, vulnerable adult, mental health, honour-based violence) and 31% of individuals had more than one PPN submitted, with the highest number of referrals for one individual in a year reaching 84. Additionally, of those PPNs that were referred on to a statutory partner agency, only 4.2% of adult referrals resulted in further action and 3.2% of child referrals resulted in a Care and Support plan [11]. This raises questions about why so many safeguarding referrals are failing are repeating through the system, with often no action plan given. This work level of 'system failure' has also been identified within other police forces [12]. This may suggest that much of the vulnerability demand may not reach the thresholds necessary to enable action from those statutory services, with lower thresholds needed and more early intervention approaches required to truly safeguard and prevent harm [11]. These are the gaps we sought to explore through interviews in section 3 of this report.

Policy and guidance

Modern policing currently faces two very specific challenges: (1) those of austerity and (2) the changing demand on services. As highlighted in the National Police Chiefs Council (NPCC) Vision 2025, it is acknowledged that in order to meet the needs of the local communities, police forces across England and Wales need to evolve and adapt to a rapidly changing society with less available resource [13].

However, we know from previous research that traditional policing methods, training and systems are not designed to meet current levels and demand of vulnerability and complex welfare experienced by police. Furthermore, recent research mapped current key procedures, policies and guidance internal and external to SWP for policing vulnerability [11], the process map (see figure 1) highlights the complexity of these procedures and emphasises the difficulties faced by police officers when dealing with non-crime related vulnerability issues [11].

The NPCC recognises the diverse and complex nature of communities the police now serve and acknowledges the need for a more sophisticated and multifaceted response to the challenges police face in relation to addressing crime and vulnerability. In its Policing Vision 2025, the NPCC sets out a clear plan for policing that will shape decisions around transformation and ensure that the public remain at the heart of policing [13]. Implementing this vision is to be based on a robust evidence base of demand that will deliver public protection informed services in response to community priorities. This will include agile and outward facing policing with police and partners working together in a consistent manner to enable joined up business delivery around policing support services and community safety.

Reducing crime and protecting the vulnerable are core priorities for the police service. To achieve this, the service must increase partnerships within the community and with other service providers, protect the rights of victims and engage community-led policing to reduce demand [13]. In setting standards for professional practice and to ensure policing moves forward in response to issues around vulnerability, CoP has detailed in its five year strategy what actions will be taken to ensure all police forces across the UK deliver are meeting the demand of the public professionally and appropriately. This includes the need for evidence based policing drawing on research and external consultation to challenge and improve the way policing is delivered. Furthermore, it sets out to raise the standards of practice through education, learning and professional development, to ensure police are equipped with the skills and knowledge needed to maintain high standards (e.g., skills required to build trust with the public, manage risk and handle people in a crisis) [14].

Wales finds itself in a unique position of strength nationally, to develop approaches for working collaboratively across services at a local level to improve the wellbeing of people living in Wales. Legislation such as the Well-being of Future Generations (Wales) Act 2015 and the Social Services and Well-being (Wales) Act 2014 provide a platform to prioritise collaborative action and early intervention across partners. Working to address vulnerability and intervene at the earliest opportunity is well accepted as an approach police forces across Wales are keen to implement.

The innovative “Early Intervention and Prompt Positive Action: Breaking the Generational Cycle of Crime” project successfully explored the possibility of police working in an ACE and trauma-informed way. New arrangements saw Neighbourhood Policing Teams (NPT) and Local Authority Early help teams develop a pathway of support for individuals referred to police that do not meet statutory thresholds, but may benefit from early support [15]. This initial work has fed directly in to a national programme of work to support policing, criminal justice and partners in Wales to address the impact of ACEs and build resilience using a public health upstream approach to understanding vulnerability and reducing harm and crime.

Adverse Childhood Experiences (ACEs) and trauma-informed approaches

Adverse childhood experiences (ACEs) refers to a range of traumatic experiences individuals may be exposed to before the age of 18. These include experiences that directly harm a child (such as suffering physical, verbal or sexual abuse and physical or emotional neglect), to those that affect the environment in which a child grows up (including parental separation, domestic violence, alcohol or drug misuse, mental illness and a family member being incarcerated) [1, 16].

Being a victim or perpetrator of crime and violence has been shown to have a firm correlation with ACEs. Research from the Welsh Adverse Childhood Experience study reported that individuals who had experienced multiple (four or more) types of adversity were 14 times more likely to have been a victim of violence and 15 times more likely to have committed violence over the last year compared to people experiencing no ACEs [1]. The same study estimated that preventing childhood adversity could reduce levels of violent crime by up to 60% [1]. Additionally, there is robust evidence to suggest a strong association between ACEs and early sexual behaviour, problematic substance use, mental health problems and reported suicidal behaviour or self-harm [1, 17]

In recent years, there has been an increasing drive for services to apply ACE and trauma-informed approaches. It has been suggested that a trauma-informed approach:

“realises the widespread impact of trauma and understands potential paths for recovery; recognises the signs and symptoms of trauma in clients, families, staff, and others involved with the system and responds by fully integrating knowledge about trauma into policies, procedures and practices, and seeks to actively resist re-traumatisation” [11, 18].

The understanding of the impact of ACEs across the life course has created a shared agenda to which an improved early intervention multi-agency response to vulnerability can be supported. This approach is already being applied in Wales as a result following the innovative “Early Intervention and Prompt Positive Action: Breaking the Generational Cycle of Crime” project. As a result of the findings and recommendations from the ‘Understanding the SWP force and other agencies response to vulnerability’ report [9], ACE-informed systems, practices and processes were developed and tested. This included the development and delivery of a training and support model for police and their partners to raise awareness of ACEs [19] including further bespoke trauma-informed training developed for education and housing sectors [20, 21]. Alongside this, a structured multi-agency, early intervention approach to vulnerability was developed and tested as a collaboration between community policing and local authority early help teams, to identify early intervention for vulnerable children and families following police contact [15]. Further to this, a number of trauma-informed approaches are being implemented in England, Wales and the USA across a variety of systems including ongoing work with young offenders [22-25] and education [26].

2.2. Multi-agency working

An important feature of the E.A.T programme is the focus on a multi-agency, collaborative approach in dealing with vulnerability, to better identify, understand and respond more appropriately to those individuals seen on a daily basis. We know from the evidence provided within section 2.1 that currently, policing is struggling to cope with the huge levels of complex demand, shrinking resources along with the limited powers they have in dealing with many of the vulnerable incidents they attend.

Systems and processes have been put in place, across both England and Wales, such as Multi-Agency Safeguarding Hubs (MASHs) that sought to formalise multi-agency (MA) approaches by co-locating agencies in attempt to better share information in making more effective, holistic, safeguarding decisions [27-29]. Since the rollout of MASHs in 2010, many have adopted various working models, however, there is a lack of evidence regarding their effectiveness in safeguarding individuals from further harm. Furthermore, there is no formal guidance on effective operating models in terms of key partners and roles (e.g. head of MASH) or size (regional, local authority level), with the theoretical principles of MASH struggling to be evidenced in practice:

“...simply having a MASH or other type of multi-agency safeguarding model does not guarantee a good safeguarding response. The label of a MASH will not deliver any of the benefits described below, unless each agency effectively discharges its own safeguarding duties.” [30 p.8].

Recent evidence on MASHs suggests that much decision-making adopts a ‘professional-driven’ approach [31] where often information is shared across various organisations, with the user (victim) voice overlooked. The contribution of knowledge from each agency, rather than joint review of all information collated, may explain the repeat presence of some individuals within these systems, with responses and approaches ‘being done’ to individuals rather than with them [12].

Additionally, MASHs, and more generally, multi-agency safeguarding approaches, often fail to consider the practicalities of MASHs in that it requires the engagement, collaboration, and joint agreement on benefits of joint decision making and safeguarding approaches, to most effectively reduce future risk and harm. In previous research, interviews with practitioners across three differing MASHs [12] identified the difficulties in operating MASHs, with high staff turnover, location of practitioners (open plan office but sitting in tables of single agencies), reliance upon email communication, differences in information sharing protocols and a lack of equal ownership. This was further frustrated by lack of resources to cope with demand, differences in resources and hours of operation across agencies, lack of independent leader (often police were seen as main decision maker due to hours of operation), lack of MA training. These inefficiencies encouraged single agency information sharing and culture, rather than joint decision-making, which is obviously a key purpose of MASHs.

Given these findings, it is important to consider police officers views and attitudes towards MA working, what exists within their area and if they use any systems or resources, what enablers and barriers they foresee in extending and promoting MA working within early intervention approaches, and if any cultural issues exist regarding working more collaboratively. Identification of these factors may help explain future findings regarding the effectiveness of achieving the E.A.T objectives and more specific ACE TIME training messages across the various Welsh Forces.

2.3. Police wellbeing

Responding to such a high level of vulnerability is likely to take a toll on officers and staff working on the frontline. The nature of many of the vulnerabilities and adverse incidents with which officers are exposed to everyday (e.g., suicide, violence) can have a detrimental impact on the wellbeing of many police. In delivering a programme of change that aims to address police responses to vulnerability, it is important to consider and address the wellbeing of those providing the support. A number of research studies and surveys have been carried out across the UK by mental health and police charities, as well as the Police Federation, to capture the wellbeing of the police workforce.

Policing has been found to be one of the most stressful jobs in the UK, with poor physical and psychological wellbeing and job satisfaction rates in comparison to other professions [32]. In 2018, 1.9% of the police force across England and Wales were absent from work on long-term sick (i.e., off sick for at least 28 working days) [33]. In the same year, 31.9% of 18,000+ respondents to the Police Federation of England and Wales (PFEW) 2018 Officer Demand, Capacity, and Welfare Survey reported that at least one of their sickness days had been as a result of poor mental health [34].

However, referring to sickness leave alone may not be a sufficient way to assess the health and wellbeing of police officers, with research highlighting that some police are using rest days or annual leave instead of sick days to prevent this impeding on job security or promotional opportunities [35]. Data analysed from the PFEW 2016 found that over the previous 12 month period, 59% of respondents had taken annual leave or rest days, instead of sickness absence ones, because of physical health complaints and 42% because of psychological ones [35].

There is debate in the literature over the main cause of stress and poor mental health for police officers. While some argue it results from the cumulative trauma police staff experience in their operational roles, others have blamed the workload, culture and expectations from within the organisation itself.

Emergency service personnel report feeling unable to discuss wellbeing, with 71% of participants stating felt that their organisations did not encourage them to talk about mental health, in comparison to 45% of the general working population [36]. Police culture, including male bravado, invincibility and the idea of staying unemotional and getting on with things has been blamed as a cause of poor mental health, its attached stigma and the reason why police staff may not take sick leave, seek help or open up about their issues [35-38].

Despite the mental health and wellbeing problems encountered by police staff across the UK, many are reluctant to seek help and there are questions over the quality, willingness and accessibility of both formal and informal support mechanisms for those that need to [37]. Regardless of whether police personnel seek or desire support after traumatising incidents, some argue there is moral, ethical and legal duty to protect their wellbeing [39]. While there can be no universal solution to preventing PTSD for police officers due to the differences in the ways everybody experiences and deals with trauma, they suggest there is a need for pre-incident preparedness, early intervention and post-incident peer and organisational support [39]. The Charity, Police Care UK, is calling for a Mental Health Strategy for policing, as it argues that while trauma exposure is consistent across forces, support is not as it is currently offered via a "postcode lottery" [40].

Organisation Support

The majority (78%) of baseline respondents in a Scottish police force resilience and wellbeing study were satisfied with the support they received from their immediate managers, however, this dropped to a little over a quarter in relation to senior management [41]. Satisfaction also decreased with length of time [36], as help provided immediately after an incident was seen in a more positive light than long term support for the “drip drip” effect of the job.

Seventy nine per cent of ‘blue light’ personnel reported they would never seek help from Occupational Health [36] and only 16% of those in a different study [40] who had sought help did so from their force. Despite a general feeling by police personnel that there would have been support for those experiencing personally disturbing or stressful incidents if they had asked for it, some felt this support needed to be pushed [41]. This highlights discussions in the literature over whether support should be compulsory, for example, mandatory support gave staff the opportunity to complain amongst their colleagues about having to go, at the same time as benefiting from attending the sessions without the stigma that could be potentially attached to accessing optional support [38]. For those trying to access services, logistics such as travel time to appointments or waiting lists for occupation health were also amongst the complaints [37, 41].

Peer Support

Eighty seven per cent of police staff across a Scottish force who had experienced a stressful incident found the subsequent support from their colleagues sufficient [41]. However, a decrease in canteens, increase in workload, improvement in technology and move towards single crew policing are argued to have removed many of the opportunities previously allowing police staff to have regular opportunities to socialise and, if necessary, provide emotional support to colleagues [42].

During the E.A.T’s current study, interviews with police staff will look to understand individual’s own perceptions of causes of stress and mental health issues considering what impacts most on their own well-being. Views on police organisational and peer related support structures available alongside any potential barriers to access this support will also be explored. This is important to consider within our E.A.T programme for two key reasons: (1) the content of the training focuses on traumatic experiences of individuals as children and into adulthood, given the high prevalence rates of ACE experiences, it is likely many in the room may directly relate to the training content; and (2) to be able to fully take on the messages from the ACE TIME training, and change their responses to a more trauma-informed approach, it requires the individual to feel able (within themselves), supported from their organisation and peers, and confident that this approach is the most effective approach in dealing with vulnerability, not just another fad that will fade out. In fact, building emotional literacy within policing will inform an emotionally literate response.

2.4 Organisational change in a policing context

The E.A.T programme is a transformational change programme seeking to develop a national, collaborative approach to policing vulnerability in Wales, developing a multi-agency ACE and trauma-informed approach for early intervention and root cause prevention. It is vital, therefore, to understand the organisation for which change is to be established in terms of organisational culture, employees' attitudes to change, how the organisation communicates and engages with staff and existing change processes.

Attitudes towards organisational change

It has been suggested that the police may be among the most difficult organisations to successfully implement change in due to their traditional associations with confrontational and militant authority and the reluctance to try something different [43]. Positive attitudes among employees for change are instrumental in successful organisational change, including affective commitment to change, willingness to change, readiness to change and coping with change. Affective commitment seems key as this demonstrates behavioural intention towards success of change, not just the attitude (negative or positive). Affective commitment to change is based on the 'beliefs in its inherent benefits', supporting change because of recognition of the costs associated with failure to support change, not because they have a sense of obligation (supporting the change because they have to) [44]. It is thought to be dependent on factors relating to the *content* (what the change is), *context* (what the change means) and *process* of the change (how the change is implemented [45-48]; as well as individual employee differences [49, 50]. Unfavourable conditions within any of these factors can have a negative impact on the success of the change.

Content of change

The content of a proposed change refers to what the change is, including perceptions of suitability, practicality and sustainability of the change [51]. This is often referred to as 'personal valiance' or the perceived change impact, the implications employees feel the organisational change will have for them personally both intrinsically and extrinsically and 'appropriateness', the perceptions of the change's potential benefit or harm to the organisation. It is argued that employees' support for change is partly a function of the extent to which the change affects individual work routines and work lives in the organisation [52].

Devos [47] describes two dichotomies of change reported in the literature as convergent vs. radical change [53] and economic-driven vs. organisation-driven change [54]. Convergent changes, where change happens gradually over time, are far less likely to be met with resistance than radical changes that involve a drastic and immediate reconfiguration of the organisation [53]. Economic-driven changes, where goals of reducing costs may involve job losses, are seen as more threatening than organisation-driven changes that aim to improve the function of the organisation. In order to explore whether the current change is economic- or organisation-driven, and convergent or radical; this report aims to understand officers experience and attitudes towards vulnerability demand, ACEs, training needs, and organisational culture. This understanding will serve to identify how the change will be received prior to its implementation. Nevertheless, given that the current initiative aims to address previously highlighted needs from the EIP project [11], it is expected that participants would perceive the change to be convergent and organisation driven.

Another factor that impacts the success of organisational change is whether the content of the change adheres to the cultural norms of the organisation. For example, implementing changes in police organisations may be particularly difficult if the changes are not aligned with pre-existing beliefs and behavioural norms that policing culture is composed of [55]. Due to this, researchers within the E.A.T

programme question participants' interpretation of their role, policing issues, and Force area's key priorities as well as their attitudes towards them. These questions not only provide us with knowledge about the way officers interpret their role and responsibilities and how these fit around the new initiative; but also provide an insight on their sense of belonging and commitment to the organisation's culture, which are crucial factors for their support towards organisational change.

Context of change

Context refers to characteristics of the organisation and its membership that pre-dates the organisational change [50]. Traditionally, public sector organisations, such as the police, have been described as being relatively bureaucratic [56]. In an environment characterised by formal rules and procedures, employees often view organisational change as a challenge and a threat to the existing stable organisation. Such a view will reduce the perceived value and success of change, and, in turn, decreases commitment to change [57].

The context of a proposed change considers the history of previous changes: successes and failures, trust in managerial staff, and how the change will affect the specific individual. The history of change, along with the trust in management and supervisory individuals, were positively associated with openness to change [58]. In order to understand the historical context of this new initiative, researchers have developed exploratory questions around previous vulnerability training the police have received, benefits of previous training, attitudes towards organisational change, and attitudes towards the police's approach to change.

Practicality and sustainability of committing to change can also limit success, with Public Health England [59] reporting that being unable to share information due to risk aversion and the limitations of IT systems, was the most commonly reported reason for not adhering to a change that called for more collaborative working with multi-agencies. As the E.A.T programme requires a more cohesive multi-agency approach when responding to vulnerability, this research attempted to explore some of these practicalities; from asking officers how they respond to vulnerability and what procedures they follow, to which organisations they work with and the practicalities behind these interactions. This includes exploratory questions around participant's intentions to work more collaboratively with other organisations as well as the challenges faced in present interactions.

Process of change

The process of implementing change refers to how a change is applied, communicated and reviewed. It has been suggested that organisational change should involve a breakdown into small components that can be moved one-by-one in order for the change to happen in stages, allowing employees to adjust gradually [60]. Communication is crucial for effective change implementation [61, 62]. Poor communication, infrequent and uninformative, has been associated with high degrees of resistance to change [63]. It is equally important to inform officers of the results of a change programme [64] and any follow-up adjustments [65] in order for employees to feel involved, which in turn is associated with increased openness to change [66].

In order to explore current communication strategies and levels of empowerment staff receive throughout any previous organisational change, E.A.T programme participants will be asked to explain how changes, policies or new initiatives are communicated within their Force and their perceived levels of involvement within this process. Overall, the current report aims to understand police attitudes to change as well as disentangle the current processes underlying police strategies that guide change.

3. Method

This evaluation study set out to understand the landscape in policing vulnerability across Wales before any training on Adverse Childhood Experiences (ACEs) and trauma-informed approaches were delivered. Consideration was given to the experience of frontline officers in dealing with vulnerability, exploring how this presents on the ground, processes utilised by officers when dealing with vulnerability demand and their thoughts on what an officers' role should be when vulnerability presents itself. The research was conducted via face-to-face semi-structured interviews with key questions exploring perceptions of policing responsibilities; experience of working with vulnerability; understanding of ACEs and trauma; training; multi-agency working; personal wellbeing and access to support and experience of organisational change within the police.

All procedures were approved by Health and Care Research Wales and Public Health Wales Research and Development (IRAS ref: 2535898).

Sample selection

Police officers and staff teams selected to receive the ACE TIME training within the pathfinder areas were recruited to participate in the study (see table 1 for a breakdown of population and sample size). The Local Police Delivery Teams (LPDT) identified the roles and teams to be trained in ACE TIME. A systematic stratified sampling method^c was used to recruit participants from the identified ACE TIME training cohort, who were to be invited via email to partake in the study prior to receiving the ACE TIME training. Additionally, once researchers were at the station an opportunity sampling method^d was adopted to increase participation numbers. Researchers aimed to interview 10% of the targeted pathfinder population with proportionate representation across ranks, roles and teams.

Table 1. Workforce population size, number of officers being trained and sample size by each force.

Police Force area	Workforce numbers September 2018e	Police pathfinder area within force area	Officers and staff identified to be ACE TIME trained within pathfinder area	Percentage of total workforce to be ACE TIME trained	Targeted interview sample size within pathfinder area
Dyfed Powys	2,091	Ceredigion	253	12.1%	25
Gwent	2,331	Newport and Blaenau Gwent	735	31.5%	74
North Wales	2,926	Anglesey and Flintshire	449	15.3%	45
South Wales	5,461	Rhondda Cynon Taf	411	7.5%	41

c A sample based on the division of a population into groups based on certain characteristics. For this study the sample include teams being trained within the pathfinder areas.

d Nonprobability sampling where participants are selected from naturally occurring groups at the time of the study. In this case any police officer who was present at the police station at the time of the researcher's visit.

e Figures include police officers, designated officers, PCSOs, staff, specials and volunteers.

Recruitment

Police officers and staff were recruited to participate in the research via their respected police forces. Inspectors were briefed by the LPDTs on the E.A.T programme and evaluation, and disseminated the necessary information to station sergeants. This was followed up by an email from the research team inviting officers and staff to volunteer for the study, sent out through LPDTs. The email included a Participant Information Sheet detailing what the research involved, how the data was going to be used, and stating that participation was confidential. Officers and staff were asked to email the research team if they wanted to participate in the evaluation and to arrange an interview date.

Due to initial insufficient engagement, the LPDTs and research team carried out targeted recruitment, with each force taking a different approach to engage officers with the evaluation. For example, some forces followed up with local inspectors and sergeants to encourage further discussions with officers about the study, whilst another force arranged days for the research team to attend stations to interview anyone who wanted to volunteer. It was made clear by the research team that participation was voluntary and that officers were not to be tasked by senior officers to be interviewed.

Participants

A total of 152 one-to-one interviews were carried out across the four Welsh police Forces. There were 70 female and 81 male interviewees. See Table 2 for more information on participant's age, gender and years in force distribution.

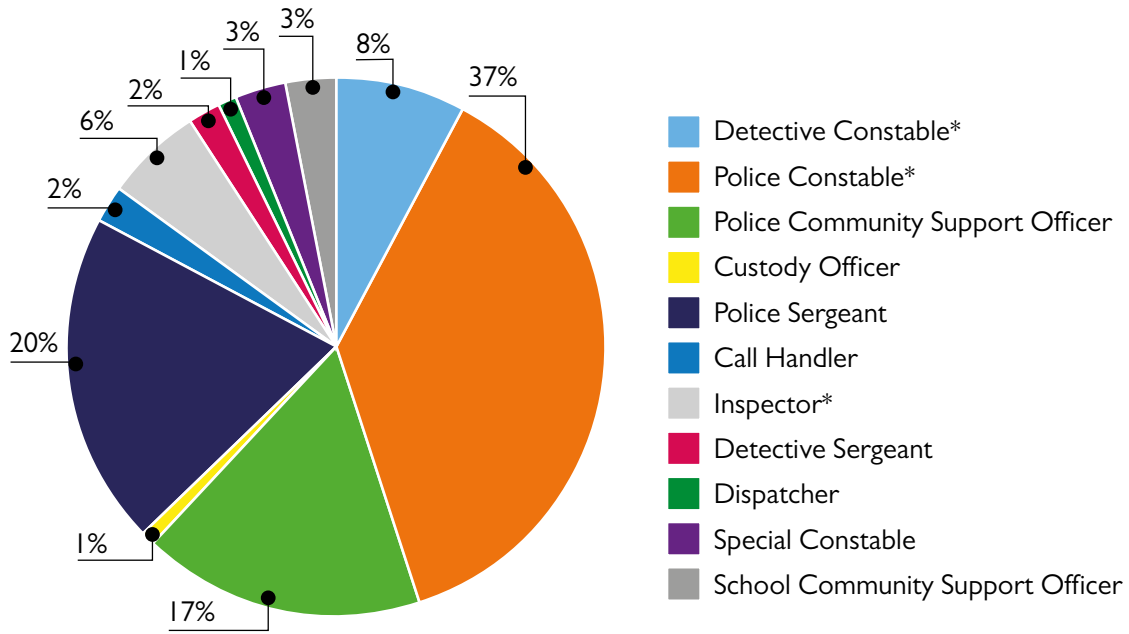
Table 2. Distribution According to Gender, Age, and Years Spent in Force.

Force Area	Gender ¹		Age		Years in Force	
	Female (N=70)	Male (N=81)	Mean	SD	Mean	SD
South Wales	6	12	39.1	8.7	11.1	7.5
North Wales	29	28	38.5	8.6	11.3	6.5
Dyfed Powys	9	17	38.4	10.2	11.8	9.1
Gwent	31	19	39.4	8.8	12.3	7.9

¹One participant within the sample identified as neither male nor female. For anonymity purposes they have been excluded from this table.

Participants in the study were grouped per role/rank (N=11) and department (N=9). From the 11 identified roles/ranks, police constable had the biggest role/rank representation in the sample (36.8%), followed by police sergeant (19.7%), and police community support officer (17.1%). See figure 2 for overall representation.

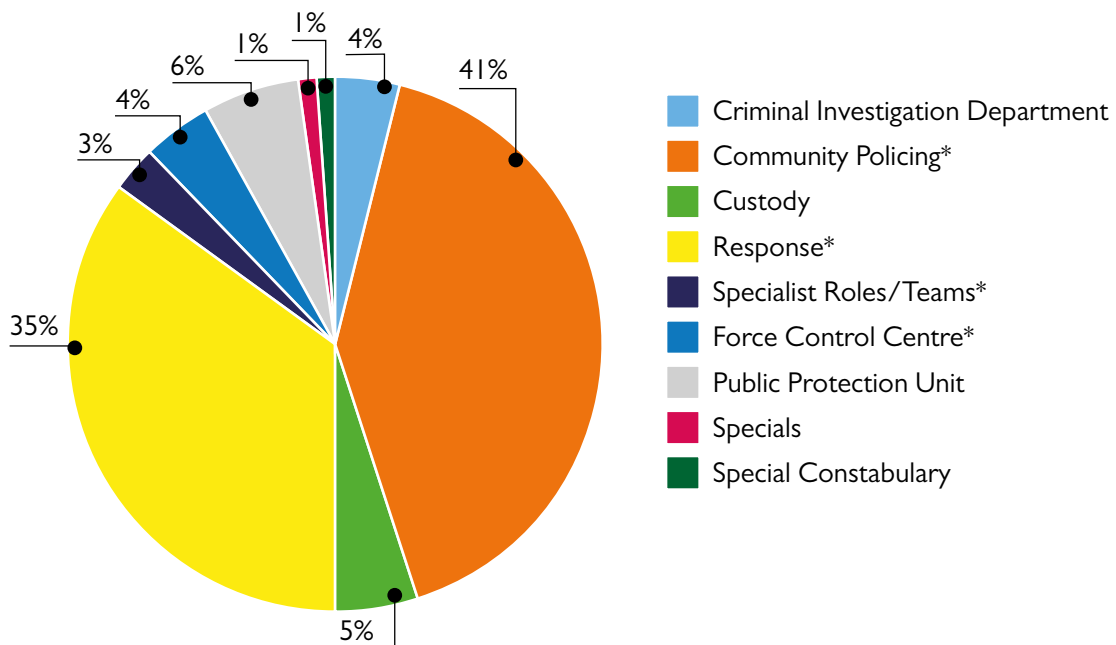
Figure 2. Percentages of Sample Distribution per Rank/Role.



*Detective constable includes civilian investigators; custody officer includes detention officers; Inspector includes county chief inspectors, district inspectors, local inspectors, geographical inspectors and strategic inspectors; police constable also includes call handler supervisors and ward managers; police sergeants also comprises proactive sergeants and custody sergeants.

In regards to departmental distribution of the sample, most of the participants worked within Community Policing (41.4%), followed by Response (34.9%), and Public Protection Units (6.6%). See table A1 in appendix I for more information departmental sample distribution per Force area.

Figure 3. Percentages of Sample Distribution per Department.



*Participants categorised under Community Policing include Safer Neighbourhood Teams, Neighbourhood Policing Teams, Uniform Neighbourhood, Community Safety, and Police Community team; Response also included those from Area Support Unit and Local Police Team; those under Specialist Role/Team also included Tasking Team, Early Intervention Team, Hub Investigative Support Team, and Child Sexual Exploitation teams; the Force Control Centre also involves control room, dispatch, and HQ operations room. One participant was counted as both response and community teams, however, this did not change the overall percentages shown in Figure 3.

Materials

A semi-structured interview schedule was developed by the research team, which comprised of six thematic areas: Perceptions of policing responsibilities and force priorities; experience of working with vulnerability; understanding of ACEs and trauma; experience of organisational change within the force; personal well-being; and, access to support, training received and multi-agency working. Demographic captured included age, gender, ethnicity, job role, department, years' experience and other police forces they have worked in.

Procedure

Eight researchers conducted one to one interviews across the four Force areas in Wales, held at a police station of the participant's choice. All interviews were audio-recorded and transcribed with participant's consent for later analysis.

Prior to interviews, researchers went through the study's information sheet with the participant. It was explained that participation was voluntary and that all data was anonymised and stored securely by Public Health Wales. Written consent had to be provided to be interviewed. Participants were also told they could withdraw from the study at any time. Interviews lasted an average of 39 minutes each, with the shortest interview being around 17 minutes and the longest lasting one hour and 28 minutes.

Data Analysis

Due to the high amount of interviews and the heterogeneous nature of the sample, a hermeneutic phenomenological approach was adopted using Template Analysis methodology [67] following Brooks et al. six step model [68]. In order to create the template, five researchers carried out a preliminary coding of twelve randomly selected interviews (three per Force area). Emerging themes from each of the five researchers were organised into meaningful clusters including hierarchical relationships as well as lateral ones, which entailed the initial coding template.

The initial coding template was then applied to further data. Each researcher analysing around 20 interviews. To start the process, researchers paired up and to analyse the same interview in order to ensure quality and synchronicity with the process. Once both researchers agreed on the coding of their first interview they moved on to analyse the rest of their assigned interviews independently. Where existing themes did not fit the data, modifications of the template were made. This also included the addition of new codes not previously recognised in the initial template.

Once most of the 20 interviews were completed, templates for each force area were merged, creating a new more comprehensive one. This final template was then applied to all remaining interviews. Data saturation was not met, therefore, all interviews were analysed. Due to the vast and complex nature of the final template, initial analysis has focused on the most frequently occurring codes per Force area to provide an overall picture of the Welsh Forces across the six thematic areas.

4. Findings

4.1. Perceptions of policing responsibilities and force priorities

Policing is changing constantly as a result of being embedded in society [45, 69]. Cultural and geographical differences across different regions of Wales may have an impact on the roles and responsibilities police officers are able and expected to deal with. By understanding officers' perceptions of their police role, it is possible to build a regional and national landscape of what policing entails in Wales. During interviews, participants were asked about their current role and what they felt the most important issues were in the community that they worked. They were also asked how they thought the local community felt about the police and what they might consider to be the most important policing issues.

4.1.1. Police perceptions of policing

National view

Vulnerability is a police responsibility

Across all four forces, there was a general belief that dealing with vulnerability is a police responsibility. This theme is key to understanding modern day policing as the police are now responding to a diverse range of incidents that do not always involve traditional crime. A clear sense of responsibility was portrayed with participants illustrating their ambition to “*preserve life and limb [and] protect from harm, whether that’s somebody from themselves or from other people.*” (NWP, 18, FCC). A number of participants went on to describe how the police are one of the best agencies to respond to vulnerability and signpost appropriately as they have the resources:

“From my point of view, we should be the ones that sort of note that vulnerability. We can actually identify it with that first call and respond to it appropriately with the skills that we’ve got and know who we can refer it onto within...” GWP, 21, DC

The importance of being involved in follow-up calls in order to supply early intervention and to reduce repeat callers was also noted, “*We should have a role to play in the long term follow up part to try and prevent the escalation of further problems coming back to us.*” (DPP, 9, PC).

Furthermore, each force had some additional themes that related to how they viewed their role in the community.

South Wales

In South Wales, Officers frequently described how “*as a Force we have changed, we’ve changed in direction*” (SWP, 8, Inspector) towards dealing with issues surrounding vulnerability and a movement away from the traditional image of the police as purely crime fighters:

“I was kind of shocked, only been in the job a short time, and how little is traditional kind of crime, shoplifting, burglary that kind of stuff, and how much of the job is mental health issues and other sort of things that people might not think is typically policing.” SWP, 15, PC

Although, there was some evidence of an unwillingness to move away from the traditional policing role that officers may have initially signed up for:

“When we signed up was to save life and limb, to prevent and detect crime and to keep communities safe, and we are the police and the police are the community, so that’s our role.” SWP, 12, Inspector

Gwent

Similarly in Gwent, participants also felt that their role had become social-work focused *“as opposed to dealing with criminal aspect”* (GWP, 25, PC). Participants directly referred to how *“there’s been a huge increase in terms of in the last year, we mention vulnerability and we’re focusing on that rather than previously, we just focused on the crime.”* (GWP, 28, PS) illustrating how police feel they are doing a different and more complex job than the one they did in the past:

“20 years ago, in the police force we dealt with mainly crime. Which was a lot, you know, straightforward.... Today, we deal with a lot of threat risk of harm and we deal with a lot of complex in theory around mental health and vulnerability and all those areas” GWP, 5, PS

Participants also recognised that this change in policing may be due to resource cuts in other services which has led to police taking on responsibilities, *“since the cuts have been sort of implemented with social services and other agencies, I think the police have been drawn in a lot more in those aspects of vulnerabilities.”* (GWP, 20, PC).

Dyfed Powys

Officers in Dyfed Powys also felt there had been a recent and noticeable shift towards dealing with vulnerable individuals, *“Things have changed a lot. I mean, I’ve been in this Force for 13 years now. The last few years, vulnerability has become bigger and bigger and there’s been big changes.”* (DPP, 1, Dispatcher), and away from crime fighting, *“we have moved away from the crime side of things, it is more mental health, missing persons.”* (DPP, 21, PS). Participants appeared to be understanding of their new focus and felt that *“you can argue that vulnerable people are the people that need to be protected the most”* (DPP, 13, Call Handler); *“But just looking after people, it’s not always about solving crime, it’s about making sure people are okay.”* (DPP, 4, D&E).

However, it was obvious that some participants felt that taking information about an individual’s past was not a part of police processes, *“What has happened in that person’s past as a child or whatever, that’s not my concern. I’m here to investigate crime, I’m here to take statements from witnesses and victims.”* (DPP, 8, PC).

North Wales

When discussing the role of police in North Wales, although the general consensus among staff was that police should respond to vulnerability, a prominent theme highlighted conflicting perceptions over whether the police are best suited to respond to some incidents, including mental health and welfare,

“I do feel like sometimes we are expected to be social workers as well as police officers... a lot of welfare stuff, takes up a lot of our time.” (NWP, 16, PS).

4.1.2. Public perceptions of policing

South Wales

When asked how the public felt about police in their area, the majority of participants felt *“it can differ between communities”* (SWP, 1, DC). Some areas were thought to have embedded respect for the police with public-police relations being seen as stronger in rural than in urban communities:

“I think up here, there’s a lot of respect for policing because the close valley community... a lot of people know their neighbours and it’s a bit closer than maybe city centres or big town areas.” (SWP, 4, PS).

Additionally, some communities’ attitudes were thought to be influenced by historical relationships with the police, *“I think there’s still from the times in the 80s where police were in conflict with miners with the riots and things.”* (SWP, 1, DC)

Officers in South Wales felt there was a mismatch between what the public felt the role of police should be and what the police actually do. When asked what they thought the public were most worried about, participants felt that the public were only concerned with matters that affected them directly such as *“Why can’t I park outside my house?”* Or *“There’s a lot of dog fouling going on.”* Or *“Those kids are hanging round there”... Never mind that maybe two rows down, they got burgled.”* (SWP, 1, DC).

Gwent

In Gwent, participants focused on how they felt the public wanted an increased police presence in the community, *“what people look for is visibility.”* (GWP, 6, SC). There was an obvious perception that the public feel safer and reassured that they are being protected when they see a visible police presence, *“They would like probably to be patrolling as a visible presence. I think that’s what the public want from a service.”* (GWP, 20, PC). These perceptions also extended into thoughts of lack of confidence in their inability to fulfil this basic role, *“If we are not visible, we are not doing anything, that’s the perception.”* (GWP, 32, PC), causing police to feel disheartened that the public are unsatisfied, *“quite a lot of negative feedback on places like Twitter etc. saying that basically that we are not about and that’s upsetting.”* (GWP, 2, PC).

When discussing attitudes towards the public, there was a clear perception that some individuals were misusing police services for things like taxi services, *“they will call the police in the first instance, primarily for a lift to go and get medication and things like that.”* (GWP, 2, PC), and parenting:

“He is out of control, mum and dad have no concept of how to parent him, so they use the police to parent him. They make complaints [against him], they withdraw the complaints, they make complaints, they withdraw the complaints.” GWP, 24, PC

Dyfed Powys

In relation to public perceptions, participants in Dyfed Powys also made it clear that they felt having a visible police presence was very important to the public – *“Round here, an awful lot of people just want to see us.”* (DPP, 7, PS). Participants directly referred to how the public feel reassured by a police presence, *“Community reassurance a lot of it is just, they like to see police.”* (DPP, 23, PC).

Again, the reduced number of police on the streets was attributed to a lack of resources: *“I think they [the public] think we are not everywhere we should be, and we are not giving them the same level of service that we perhaps used to do, because of the cuts and things.”* (DPP, 3, PS).

North Wales

When asked about the perceptions of the public, participants generally felt that they lacked understanding of what the police do and felt little empathy towards the effort that goes into their role, “They think we get sent to a job, we lock the person up and that’s the end of it. My longest shift was 19 hours” (NWP, 25, PC).

A general perception that the public want an increased visible police presence was also evident, “A lot of it is they want to see a presence okay and they want you to be obviously available and accessible okay.” (NWP, 24, PCSO). A clear priority of being able to directly converse with police officers in the street was also apparent, in addition to recognising that the public were aware of the reduction in officers, “they just don’t see police officers on the street anymore, and that reassurance isn’t there that they would like.” (NWP, 18, FCC).

“I think the public just want to see us and feel safe so I think for me, as well as doing all the other stuff that we do I think you know I like to have a bit of a walk round on foot, it gives you a chance for people to approach you and sometimes they just want to moan at you but to them that is seeing a police officer and they’re pleased with it.” NWP, 3, PC

4.2. Police experience of working with vulnerability

The College of Policing reports that 83% of crime and control calls are related to non-criminal activity and that incidents relating to “public safety and welfare” are increasing [5]. Therefore, understanding the perceptions surrounding vulnerability can add to the national and regional policing landscape in Wales. Participants were asked what the term ‘vulnerability’ means to them before describing their experience of working with vulnerable people and whether they thought they could improve their responses.

4.2.1. Perceptions of vulnerability

South Wales

In South Wales, perceptions of vulnerability included beliefs that “basically everyone can be classed as vulnerable at one point, it just matters as and when they would be classed.” (SWP, 14, PCSO), implying that vulnerability can be described as “any person that is in a situation where they don’t have a form of control.” (SWP, 15, PC), meaning “it can affect everyone from staff in the office to people out there.” (SWP, 16, DS). Vulnerability was also described as a consequence of certain situations such as:

“You’ve got learning difficulties, you may have a drink problem, you may have a drug related problem, you could be a victim, be a perpetrator, you could be a victim of domestic violence, the children could be at harm. You could be going out with a sex offender” SWP, 3, PS

Gwent

In Gwent, participants also felt that vulnerability was related to context, environment or surroundings and that “there is obviously key things that make someone vulnerable” (GWP, 27, PS), “It could be their age, it could be the way they are, the situation that they are in.” (GWP, 42, PC), “it can be anything from males or females that have been victims of domestic violence, it can be people who suffer with mental health that are living out in the community.” (GWP, 11, PCSO). Similarly, another participant explained how circumstantial vulnerability can even lead to crime:

“He is a criminal because of the circumstances he is in. His mother kicks him out at 9 o’clock in the morning and “don’t come back until 10 at night”, realistically what is he going to do with his day?” GWP, 39, DS

Dyfed Powys

Participants in Dyfed Powys also believed that when it comes to vulnerability, “people are vulnerable because of their situation, their environment, things that they can’t control or things that they can to a point.” (DPP, 23, PC). One participant gave an example:

“If I have got somebody that is crying down the phone and they can’t cope with a situation that has happened to them, they are instantly vulnerable to me because of the situation that they are in.”
DPP, 13, Call-Handler

It was frequently emphasised that vulnerability is a consequence,

“it could be something traumatic that has happened to them in their past that makes them vulnerable now.” (DPP, 3, PS) or *“it could be their age, it could be an illness, it could be where they live, it could be something that’s happened to them today that wasn’t happening to them yesterday.”* (DPP, 16, PS).

North Wales

In North Wales, participants clearly perceived that vulnerability “could be a whole spectrum of things, according to what’s going on in their lives.” (NWP, 13, PCSO). When asked what they felt classified someone as vulnerable, one participant responded, “That’s really wide isn’t it, really wide” (NWP, 58, PCSO), highlighting the breadth of the spectrum itself. Another participant went on to describe what each end of the spectrum may include:

“Children are vulnerable by their age and experience etc. ... But then you’ve got the other side of the spectrum when you’re looking at are drug users, alcoholics and things like that” NWP, 56, PS

4.2.2. Challenges within vulnerability

South Wales

A key challenge identified within South Wales focussed on the lack of services to bridge the gap between short-term and long-term help for vulnerable individuals. Officers acknowledged that the powers available to them often only provided a short-term response for an individual, when perhaps longer-term care was needed. For example:

“If we end up locking them up on a 136 again it is a short-term solution [...] you know it is easy for us to go and lock her up and take her in, but that’s just a night-time solace for the neighbours, you know it is not a long-term fix.” SWP, 17, PC

Some responses suggested that there was a general lack of time for officers to spend with a vulnerable person due to officers being “quite thin on the ground” and “bounced from call to call” (SWP, 15, PC). Comparatively, other officers suggested that they were required to spend too much time at vulnerability incidents, therefore, preventing them from attending other calls, “We could be sat there for six/seven hours waiting for a social worker to turn up. And that’s not good enough as far as I’m concerned. It’s not our job to babysit.” (SWP, 6, PC).

A further challenge associated with vulnerability in South Wales was the increase in calls pertaining to vulnerability, with one officer reporting “... people are coming to us for all manner of things that 20 years ago, nobody would ever dream of phoning a police officer for” (SWP, 2, PS). Another officer referred to how this high prevalence of calls meant that incidents involving crime were not being attended,

“5 out of 5 calls are mental health, that tied up however many response officers and myself for the majority of the day, no crime, no crime at all” (SWP, 9, PC).

Gwent

Gwent participants frequently reported that a lack of resources made responding to vulnerability very challenging. The issue of limited resources was often used as a reason as to why “we [Gwent Police] haven’t progressed investigations involving vulnerable people, involving children” (GWP, 22, DC) implying that the lack of resources may be having an impact on the support provided to and the outcomes of vulnerable individuals. Furthermore, due to “policing numbers dropping” there was a negative impact on the ability of officers “... to identify those [vulnerable] people early on, [who] need vulnerable help and need the resources” (GWP, 35, PCSO).

The complexity of vulnerability was also noted as challenging, “the vulnerability bracket is so broad I think it is hard to be aware of it all” (GWP, 30, PC). Subsequently, due to the broad definition, and multiple meanings of vulnerability, this meant that officers viewed themselves as responsible for policing a large number of incident types, which is made more difficult by the low numbers of police:

“That could be anybody involved in Domestic Violence as a victim. It could be someone that’s got some sort of problem like alcoholism, drugs problems. It could be a child that’s suffering abuse, any sort of abuse within a domestic environment or otherwise. Someone being bullied in school” GWP, 20, PC

The perceived level of victim engagement was also identified as a challenge by Gwent officers. This was primarily linked to the vulnerable person resisting help, with one officer stating that “the problem is there is all the support in the world if people want it, but most of them don’t want it. They don’t want it, they don’t need it; they don’t think they have got an issue” (GWP, 34, PC). Other factors also appeared to contribute to the lack of victim engagement, with one respondent claiming “in police uniform, you are going to be struggling”.

These experiences of disengagement led some officers to believe they were unable to further assist in such situations:

“... You ask them and ask them again and it’s no, no, no then you have got to draw the line somewhere and not chase them round [...] I think we should be there if people need us and want us, and if people don’t need us and don’t want us then we shouldn’t be chasing around after them endlessly.” GWP, 30, PC

Identifying pathways through which to refer vulnerable individuals was described by one officer as a “struggle” (GWP, 2, PC) with further support and guidance when making these decisions, “It’s something we have to research ourselves. There’s no site or database of what agencies are available. It’s down to area as well because Blaenau Gwent has got different services to shall we say Torfaen [...]” (GWP, 2, PC)

Dyfed Powys

In Dyfed Powys, it was clear that officers were “[...] dealing with it there and then, here and now” (DPP, 12, FCC) emphasising a recurrent theme which suggests DPP officers felt they were only able to provide a short-term response to vulnerability, with one respondent stating, “I do feel like we’ve put a patch on it and like we just fix the calls that’s happening right now rather than actually delving any deeper” (DPP, 10, PC). However, the inability to provide a long-term response for vulnerable individuals appeared to be a source of frustration, with some officers feeling they should have the ability to help in the long-term to avoid the cyclic nature of vulnerability:

“We should have a role to play in the long term follow up part to try and prevent the escalation of further problems coming back to us. But that isn’t happening currently. Because once I deal with an incident, I’m onto my next.” DPP, 9, PC

When DPP officers spoke about responding to incidents involving mental health, there appeared to be a lot of hesitance and confusion around the appropriate way to respond. For example, one officer admitted that they “sometimes don’t know what to say or how to react to someone” (DPP, 20, PC) whilst another reported “I haven’t got a clue. I hate going to mental health calls. They seem to think that we sort all their problems, but we can’t” (DPP, 25, PC). Officers felt a lack of expertise, ‘they call us Jack of all trades, the masters of none’, and how mental issues may not be immediately obvious to an officer:

“[...] I go to some calls, I don’t think they do [have mental health issues] and then when you do some checks on them, it comes back that they do but they don’t show any signs of it [...]” DPP, 11, PC

A further challenge identified by DPP officers involved the accurate identification of vulnerability; “it’s just trying to identify it. I feel like I do identify or try my best, but I wouldn’t say I get it right 100% of the time.” (DPP, 24, PC). A contributor towards the difficulty in identifying vulnerabilities appeared to stem from the need for officers to define vulnerabilities based upon a series of pre-set categories “are they 17 or under, do they suffer from a physical or mental disability or are they like harassed, targeted, a persistent victim of the most serious crimes?” on incident and referral forms.

North Wales

In North Wales, a dominant challenge of working with vulnerability was centred on the complexity of vulnerability as a concept. This was primarily due to vulnerability involving “so many factors” (NWP, 57, Inspector), and being dynamic, “it’s constantly evolving, and we face new challenges all the time and new problems all the time” (NWP, 20, Inspector). The variability between individuals was also identified as a contributing factor to the complexity of vulnerability with “each individual case may be different you know, you’ve got to judge you know their needs at the time of attendance, each one is different I think.” (NWP, 24, PCSO).

Further complications were reported by officers including the difficulty surrounding the definition of vulnerability. For example, one officer reported, “there are so many people that can fit into that category of vulnerability, but you can’t define it [...]” (NWP, 21, Inspector). Nevertheless, even if officers were provided with a definition of vulnerability, the ability to use this within practice was often challenging, “the way we use the term vulnerable and the definition textbook meaning of the word vulnerable are different things.” (NWP, 7, PC).

A second challenge of working with vulnerability identified within NWP interviews concerned victim engagement. This was predominantly due to individuals not engaging with the police or partner agencies when support was offered, stating “they don’t want your help, they just see the police as a negative light.” (NWP, 13, PCSO).

Reasons for disengagement were viewed as individuals unable to “see themselves as vulnerable because they’re like inside a bubble” (NWP, 29, PS) and “people have to be in the right place to take on the advice” (NWP, 43, PS). The lack of victim engagement was clearly an important challenge that officers were trying to overcome, as the advantages of good engagement in breaking down “them and us culture.” (NWP, 31, PC)

Lastly, identification of pathways was also identified as a challenge with officers concerned about “follow up stuff ... signposting” (NWP, 27, PC). These worries were particularly present following completion of CID16s, a standard police procedure when dealing with vulnerability:

“You know, it’s very difficult to know right, “Who do I need to phone here and speak to?” Because it’s always been kind of sold to us that the CID16 is shared with the appropriate people. And it sounds like a bit of a cop out but if I put the CID16 in; hopefully the right people are looking at that.”
NWP, 27, PC

4.2.3. Responding to vulnerability

National view

Evidence of empathy towards vulnerable people

Across all four forces there was evidence of empathy towards vulnerable people. Participants openly acknowledged that having empathy is important, illustrated by comments such as “...but you’ve got to have, a little bit of empathy. We’ve got to have a little bit of sympathy.” (SWP, 6, PC) and “... that’s all it takes is just being compassionate.” (GWP, 2, PC). One participant went on to say, “if I don’t have any compassion, empathy, things like that or show a little respect, considering what they’ve been through, then they could lose all faith in the police and that could mean they never ring again.” (DPP, 26, CRO), highlighting how crucial empathy is to building positive relationships with the public. Participants also described how having empathy for individuals they worked with often led to themselves experiencing negative emotions, “you just feel sorry for them, don’t you? Because they’re lonely and you don’t want to see anyone in that state” (NWP, 33, PCSO). These feelings were particularly present when the individuals being dealt with were young, “... As a person dealing with it, it’s upsetting to see a child distressed.” (GWP, 26, PCSO).

Additionally across all forces, when officers were asked whether they felt confident in responding to incidents of vulnerability, the general consensus was, “Oh, yes, very confident, yes.” (NWP, 33, CSO) with many saying they are “more than happy to be involved” (NWP, 30, PC). The most common explanation for high levels of confidence related to how “your length of service” (DPP, 8, PC) and being able to “fall back on what you’ve done before and what’s worked” (SWP, 14, PCSO).

One participant elaborated on this and claimed that their confidence came from the power they wielded as a police officer to do the things that need to be done:

“I think from a police perspective we know what we are doing. We know that we can turn up, we have got considerable powers I suppose to make anything happen in effect. If we want to evoke section 46 powers, if we want to arrest under PACE, if we want to force entry under section 17 of PACE, if we have got concerns for wellbeing of someone in the address, we can do all those things” DPP, 26, FCC

South Wales

There was a general consensus that in terms of responding to vulnerability “we can always make improvements, definitely” (SWP, 16, DS). However, there was also recognition that “none of us are perfect” (SWP, 7, PCSO) and that “unfortunately everyone makes mistakes, we’re not robots, it’s about ensuring that we learn from the mistakes” (SWP, 16, DS).

The types of improvements that participants felt could be made by their force mainly involved training, “just more training isn’t it, training, training, training... knowledge is power, power is knowledge.” (SWP, 10, PCSO). Some expressed that it is not just the police who could improve their management of vulnerability, “we have processes to identify risk and harm, and my view is what happens with that and who deals with what after” (SWP, 12, Inspector).

There were some beliefs that due to the acute nature of the incidents that police deal with, the responsibility for follow-up may lie with external bodies:

“I am dealing with the immediate, someone is on the bridge and they are trying to jump over, and we are holding them back. So, we are just doing the immediate safeguarding, but where I think there’s room for improvement, it might not be a police thing, it might be a community approach.” SWP, 15, PC

Gwent

Participants in Gwent also believed that *“there’s always room for improvement in anything that we do”*, (GWP, 28, PS) with beliefs that *“we can constantly be learning”* (GWP, 26, PCSO). When asked what improvements could be made, it was clear that participants felt that *“realistically, the only way that we could improve is by having more officers”* (GWP, 34, PS) because *“what policing needs is to continue getting units on the street... a lot of the time, we actually come across the vulnerabilities ourselves and deal with it.”* (GWP, 35, PCSO). Other possible improvements related to working more collaboratively with external agencies:

“I suppose having the knowledge and support of other agencies maybe which can help is a better, would lead to better results.” GWP, 11, PC

Dyfed Powys

In regards to responding to vulnerability, *“everybody could always improve”* (DPP, 13, Call-handler) was the attitude of participants in Dyfed Powys. Various methods of improvement were put forward by officers, including training in *“making sure that Officers or Response Officers know how to refer people to different agencies and are under no doubt how to do that.”* (DPP, 14, PC). Other participants felt that in order to promote using an empathetic response to all, organisational cultural changes needed to occur:

“You’re going to have to change the way that some officers think, and feel towards things. You can become after many years, quite set in your ways of kind of thinking and quite limited. So, you’re going to have a hard time trying to change police officers mind on people that they’ve seen countless times come in and go out of custody and things like that.” DPP, 10, PC

Lastly, there was evidence of frustration towards teams working outside of their remit with one participant responding to the question ‘How could your responses to vulnerability be improved?’ with, *“By leaving the Neighbourhood Policing Teams to do neighbourhood policing... Letting us do our job.”* (DPP, 16, PS)

North Wales

As opposed to focusing on the need for improvement, benefits of the current processes involved in working with vulnerability were mentioned frequently in North Wales. Some participants referred to the physical resources that they were provided with: *“The Samsung phones that we’ve got are useful and I’m sure we can access some things on there.”* (NWP, 56, PS) whereas others focused on early intervention systems:

“We have got an early interventions team here, for the minor crimes that we have we pass it onto them, and they deal with it. So, we have got a section of people that deal with it for us, so that’s a key thing that the Force has got here.” NWP, 17, PC

Their collaborative work with multi-agencies were seen as allowing them *“to sit at the end of a table and task a variety of agencies rather than phone calls and emails and referrals via CID 16’s.”* (NWP, 20, Inspector) and accessing data that would be otherwise protected:

“We have a group that meet every six weeks that is multi-agency, from housing, social services, substance misuse, psych liaison, community mental health, housing, fire service and the ambulance service attend.” NWP, 11, PCSO

4.3. Current police training on vulnerability

All police staff were asked questions around any potential training they may have received around vulnerability or perceived related issues within their force. Several aspects of training were explored including previous training and any further training officers felt was needed in the area of vulnerability and trauma. Attitudes towards training and preferred delivery styles were also discussed. Understanding the perceptions of training within the police and how this is generally received by staff is important to inform the E.A.T Programme to ensure that ACE TIME training sessions are sustainable and use the correct delivery style to ensure officers remain engaged.

4.3.1. Attitudes towards training

A collection of reflections on different training, topics, content and delivery received by police across the four forces were considered before any ACE TIME training was provided.

South Wales

Attitudes towards training within South Wales were centred on the perceived relevance of the training. Generally training was considered to be relevant and “*very beneficial*” (SWP, 18, PC), especially when “*they tailored it to us locally which I thought was really good because I found it more relatable and easier to sort of grasp, if you’re putting your town’s name on it you go ‘I deal with that town, that’s really good to know’.*” (SWP, 7, PCSO). When training was perceived to not be relevant, this was often related to the operational role of the attendee:

“But you know when you are on response [...] sometimes you would feel the training is slightly irrelevant. You think well, that’s all very well but we are just the little flying visit, we knock on the door, we do this, we take them to hospital, we take this information and submit it. Some of the information seemed a bit farther down the line which we didn’t really play a part in.” SWP, 18, PC

Gwent

Within Gwent, attitudes towards training were generally positive. In particular, feedback praised the training officers had received around vulnerability, describing training as “*very good, very worthwhile [...] whatever role you’re in*” (GWP, 10, PSLO). A key benefit of training sessions included going back and refreshing the memory of officers and giving them the opportunity to link their training to incidents they had attended, for example:

“... after you’ve been out on a shift for a while, it’s nice to then go back into the classroom and actually categorise different incidents that you’ve gone to as certain things, and to be able to kind of box them away and then bring them back out as experiences that you can use later on. Once you’ve had an experience like that and you’ve had the training behind it and you know you can put two and two together for the next incident.” GWP, 47, SC

Negative attitudes towards training were often related to the relevance of the training for particular operational roles. One respondent described training as too “*generic*” and commented “*we will all have to go along and that’s regardless of your role [...] so it actually wastes time and it feels absolutely unnecessary.*” (GWP, 22, DC).

Dyfed Powys

In DPP, officers presented positive attitudes towards police training. Responses suggested that training was viewed as “really important” primarily due to the dynamic nature of policing incidents, “everything we deal with is different and you deal with it differently. So, I think yeah, the more training the better really” (DPP, 25, PC). Similarly, training which used practical scenarios was also well received, for example:

“The one with People First was good, because you can’t really teach what they did in the practical scenarios, and they were quite brutal as in they were very realistic, that’s how it is. They said themselves they wanted to see how officers would react and stuff, so that was quite a learning curve but a good one.” DPP, 18, PC

North Wales

Within North Wales attitudes towards training were dependent upon the perceived need for training. Occasionally, it was recognised that there was a need for continuous training within the police, particularly in relation to mental health and how “... People’s mental health changes all the time... So I suppose the more training that you get will help you deal with the different stages.” (NWP, 26, PC). However, for some respondents, training was viewed as not necessary due to some situations only requiring “common sense than anything I’ve been trained to do” common sense” (NWP, 23, PCSO).

Furthermore, unless officers explicitly understood why they were required to attend training and how it related to their role, this further contributed to the view that training was not needed:

“I think the first Early Help Hub one [...] there were loads of us from different areas. And none of us... We hadn’t been told... Explained what the Early Help Hub was, we were going in blind. So, we didn’t really know what to expect. So, I think if we had been given a bit of background before we attended the training, we would have taken it in a bit more[...] we’d understand why we were there.” NWP, 33, PCSO

Alternatively, other NWP responses suggested that attitudes towards training were influenced by personal interest, or motivation. Responses within this theme suggested that officers felt “there is always something extra you can learn” (NWP, 32, Civilian Investigator) and were “all quite proactive in finding, you know, different training things” (NWP, 58, PCSO). Attitudes within this category also suggested that some officers were self-sufficient in expanding their knowledge, this did not always have to be through a formal training session, for example, “I’ve been quite fortunate because I’ve taken an interest in it and what I don’t know, I look up” (NWP, 22, Inspector).

4.3.2. Training delivery

National view

Training to be delivered by ‘specialists’

There was an overarching preference for training to be delivered by ‘specialists in the area’. Specialists were identified both from outside agencies, for example, “people from multi-agencies from local areas” (DPP, 5, PC). Additionally, specialists were also recognised within Forces from a particular department; “we would bring a specialist in from a particular area to talk about the sector, talk about what they’re dealing with [...] talk about, what the Force is doing to tackle certain things.” (GWP, 6, SC). Alternatively, colleagues who had received specific training were then able to educate others within the Force based on their knowledge, for example, “... training that we’ve had recently done on safeguarding that was through health [...] a colleague who’s been to coercive control to do with Domestic Violence and another colleague who’s been to a thing about skin conditions ...” (SWP, 1, DC).

South Wales

South Wales officers expressed a preference for training to be delivered by ‘experts by experience’. Experts were identified within policing teams, as one Officer explained “we bounce off the experience of officers who’ve worked in PPU [Public Protection Unit] for the past 25 years, they’re like encyclopaedias” (SWP, 3, PS). Additionally, training delivered by guest speakers who shared their lived experiences was also highly regarded by officers. For example, “we had a thing on county lines [...]we brought in this ex-gang member [...] and now he’s turned over a new corner and he was talking to us about county lines and you’re like ‘wow’” (SWP, 8, Inspector).

Officers within SWP perceived the amount of training they received to be dependent upon their role. This was either due to the operational role of the officer, “Response have those training days, we don’t” (SWP, 17, PC) or the rank, for example when they are in “a specialist role” (SWP, 16, DS).

Gwent

Gwent Officers expressed a dislike for the online training system, NCALT. Training through NCALT was viewed as a poor delivery method. Officers described the online training system as “greatly pointless, because people just don’t pay attention to it” (GWP, 14, PS), which was attributed to completing the training at any available opportunity, for example:

“It’s the timing when it has got to be done. More often that when you have got a bit of downtime. And that doesn’t happen very often, and when it does happen maybe on a night shift, when the last thing you want to do is do some computer-based training for something [...] if somebody were to come in and do it and give it, then that would be better.” GWP, 30, PC

Dyfed Powys

DPP officers also displayed a preference for receiving training from ‘experts by experience’. This type of training delivery was well received due to officers being able to understand alternative viewpoints, for example, “... when you have people who say I was arrested and this is how my view of what happened to me, so we see it from the other side. So, what we are doing, how that has impacted someone else” (DPP, 16, PS).

One particular response highlighted how receiving training from individuals within their organisation who have experienced mental health problems themselves can be particularly helpful in beneficial in regards to empathising with members of the public:

“I did a mental health input and we had a Sergeant who’s had a lot of experiences [...] it’s just the impact of having a person who’s gone through it, not in a similar role but we could all relate to him. And it would almost be if we could get more of that, people who have had mental health or certain things because we don’t know how to deal with them half the time, we just try our best.” DPP, 23, PC

North Wales

NWP officers showed a preference for receiving training face-to-face as opposed to through the online delivery package, NCALT, with views stating “all people do is switch it on and then next, have a cup of tea, and next, what’s the answer to that one, nobody reads them at all.” (NWP, 14, PC) and “... you don’t really get the opportunity to ask questions, to clarify ...” (NWP, 27, PC). Face-to-face training, or taught sessions were considered to be “hundreds of times better” (NWP, 56, PS) providing opportunities to “discuss and listen to people’s experiences and I think it gives you a little bit more knowledge on how to deal because each can be different” (NWP, 24, PCSO).

NWP officers also reported learning more through experience and their day-to-day role in comparison to formal training sessions. This was primarily due to the view that “the best sort of training [...] unfortunately is

experience” (NWP, 40, PC), therefore, some information cannot be taught in a classroom environment as “it’s just stuff you learn as you go along” (NWP, 14, PC).

Within NWP interviews, poor training quality was a dominant theme, with one respondent expressing, “the training the police receive on communications is c***. In fact most police training is c*** to be honest with you” (NWP, 8, PS). On the other hand, the lack of training on key areas, for example, “the victims, VVA [Victim Vulnerability Assessment] thing, when that came out we didn’t have any special training about that” (NWP, 28, DC) was also a key cause of training being perceived as poor quality.

4.3.3. Further training

South Wales

Within SWP, there was a need for further, good quality, targeted training on recognising the signs of vulnerability, “especially on vulnerable adults or vulnerable children ...” (SWP, 18, PC) that would make officers aware of vulnerability “markers, identifiers, that sort of thing” (SWP, 7, PCSO). Ways in which this training could be initiated were also suggested within interviews, such as “training potentially from [...] Public Health, NHS, that sort of thing, from the people who deal with the vulnerability long term” (SWP, 7, PCSO).

“It was recognised that further training around vulnerability would enhance the police response to such incidents. Examples of this include understanding why vulnerable individuals may not have contacted the police before, “actually the reason this woman is saying that she’s not making a complaint for a Domestic Violence issue is because she’s vulnerable because of the abuse she’s suffered [...] she’s a victim of domestic violence, that’s why she’s not made a complaint. So I think that [vulnerability] should be training that should be given to all officers” (SWP, 5, PS).

Gwent

The need for further training on the roles and responsibilities of other agencies was identified within Gwent officer interviews; “just to have a greater understanding of each other’s work on a practical level [...] it’s actually the ground working and understanding each other’s pressures and priorities” (GWP, 22, DC). Further training around the procedures and priorities of other agencies would be able to address misunderstandings between themselves and the police, as one officer commented:

“... They come up and say ‘oh we weren’t aware of that’, and we say ‘oh we weren’t aware you had to do that’. So there’s a bit of a breakdown on what policies and laws we follow from each section, a bit of misunderstanding in that respect.” GWP, 7, PS

The lack of understanding surrounding the roles of partner agencies links to the identified need for further training around the roles and responsibilities of other agencies within Gwent. This was summarised by one respondent:

“So I do wish that possibly there were more opportunities for your everyday officer to work with other agencies or train with other agencies which I am sure would give like I said people a better understanding yeah.” GWP, 11, PSLO

Dyfed Powys

Officers perceived a need for further training around the roles and responsibilities of partner agencies. Several responses suggested that there was a “disconnect” between police and MA staff, reporting “even though you are portraying the main issues, you feel like you’re speaking a different language” (DPP, 10, PC). A lack of understanding was evident, in terms of the roles of other agencies, “I don’t know what the support, what they provide” (DPP, 10, PC) and the priorities of each agency, “I think just sharing what each other’s priorities are and what each agency can and can’t do” (DPP, 13, Call Handler).

Additional training around “signposting for individuals” (DPP, 2, Incident Handler) and identifying appropriate pathways for action was also evident. This was primarily due to officers receiving “a lot of callers phoning up saying ‘I don’t want police help, but I don’t know where to go’” (DPP, 2, Incident Handler), or officers being unsure “what to do after you’ve responded. ... Where do I go from here so I think more of what you do after you’ve deal with the initial incident?” (DPP, 6, PCSO)

Officer responses suggested that a greater understanding of mental health would be beneficial to be able to “deal with that better” (DPP, 4, Custody Officer), and “dealing with people that are suffering, or are very vulnerable or disturbed or mentally or emotionally” (DPP, 14, PC).

North Wales

Interviews highlighted a need for “more training that can help you understand various mental health issues” (NWP, 39, PCSO), with this also related to new recruits, age and experience: “there is a lot of young officers coming through now, who haven’t had much life experience.” (NWP, 33, PCSO).

“We are sectioning people on a daily basis, who the hell am I to say they are nuts or need sectioning, who the hell am I? I am just basing it on my own personal experiences, you have had no training in it.”
NWP, 14, PC

Roles and responsibilities of other outside agencies to be able to understand and help “explain to people maybe what support they may get” (NWP, 19, PC). Additionally, this may contribute to the understanding of “what the mental health teams do. How they work, so that we can be a little bit more understanding of why we might have to deal with the type of things that we deal with. I think an informed approach would be better for that.” (NWP, 18, Communications Operator).

4.4. Understanding of adverse childhood experiences (ACEs) and trauma

4.4.1. Understanding of ACEs

National view

Understanding of the long-term impact of ACEs

All four Force areas showed an understanding of the long-term impact of experiencing ACEs, prior to receiving ACE TIME training, for example *“it is incidences that can affect your child’s sort of development pretty much, traumatic events that may sort of hinder or spoil their normal development”* (GWP, 2, PC). Another respondent suggested *“the cycle continues then because they witness that behaviour and do that behaviour”* (SWP, 1, DC). Participants also recognised how ACEs can influence pathways: *“they end up with poor educational qualifications, low skill sets, poor employment prospects, etc”* (DPP, 15, Inspector).

Additionally, when officers were asked whether they were aware of the term ‘trauma-informed approach’, the majority of participants across the four forces responded with a simple “No” (SWP, 6, PC) and were less willing to infer its meaning than they were when asked about the phrase ‘adverse childhood experiences’. Despite this, some respondents used *“pure guesswork”* (NWP, 13, PCSO) stating it is *“looking at what the set of circumstances are surrounding a particular child or a particular family and then using that to identify what support, tailor made support services maybe that could be offered to them”* (SWP, 16, DS)

South Wales

Within SWP interviews, officers showed an understanding of how experiencing ACEs can *“have an impact on [a person’s] behaviour in the future”* (SWP, 1, DC). This seemed to be particularly related to understanding the behaviour of adults who regularly come into contact with police, for example:

“I’ve dealt with 17/18 year olds, self-harming, missing persons and then when you look back, you can see that when they’re younger, they’re a victim of a sexual assault for example. So, that then, you can think, is her behaviour attributed, is it from that? Is the reason why she’s like this now, because of that?” SWP, 5, PS

Gwent

Within Gwent the majority of Officers interviewed were not familiar with the term ‘Adverse Childhood Experiences’, however, many respondents were able to demonstrate some understanding of the concept in that it is *“trauma that’s happened at some point in their childhood or from a young age would perhaps have an impact on maybe offending or the way they now live their lives.”* (GWP, 23, DC). Additionally, Gwent officers showed an awareness of how experiencing ACEs can affect the behaviour of individuals in the future in that it may *“have an impact on maybe offending or the way they now live their lives”* (GWP, 23, DC), or result in a person becoming *“involved in drugs, or they could be in a gang”* (GWP, 35, PCSO).

It was clear that officers also had an understanding of the intergenerational aspect of ACEs, further reinforcing their recognition of long-term impact. The awareness of behaviours repeating in a *“similar cycle”* (GWP, 12, PSLO) across generations was recognised by officers, including patterns of criminal behaviour in explaining an offender who was *“committing offences against the children within the family because he was pretty much identical to what his dad had done to him [...] Normalised behaviour for him effectively.”* (GWP, 23, DC).

Dyfed Powys

A predominant theme evident within DPP also concerned officers awareness of the intergenerational cycle of ACEs, noting that *“mum or dad are drug users or they are sex offenders. They have children [...] they get into the same spiral, they start taking drugs, they start committing sexual offences”* (DPP, 19, Inspector).

DPP responses also demonstrated an understanding of the impact of ACEs on behaviour, with one respondent reporting that such experiences can *“[...] increase your risks of prison, getting dragged into crime, drugs and so on”* (DPP, 14, PC). Further understanding was shown in relation to when these behaviours may occur and how they can affect individuals in a wider context, for example within education *“it could hit them when they are in school or months down the line. And they realise that what their parents are doing is wrong, and that’s when they could lash out or when they can start being distant in school and not taking stuff in.”* (DPP, 20, PC).

North Wales

NWP officers demonstrated a good connection between the definition of ACEs and recognising them in practice. Officers linked ACEs to their current practice involving young people. For example:

“one of the things I have again noticed [...] how many young persons are vulnerable due to their start in life and childhood and the homes they have grown up in, what they have been exposed to” (NWP, 18, FCC).

Similarly the understanding of ACEs was linked to vulnerable adults in *“...that the majority of those people have some form of adverse childhood experience.”* (NWP, 20, Inspector).

NWP also highlighted the need for a preventative approach to be taken within policing: *“if we put somebody in court, we’ve potentially failed that individual”* (NWP, 22, Inspector). One respondent gave a further explanation of the reasoning behind this viewpoint suggesting that *“if you can do everything you can to divert them away from a criminal path at the earliest opportunity then it’s only going to benefit everyone”* (NWP, 58, PCSO).

An understanding of the intergenerational cycle of ACEs was also evident within NWP. Primarily, officers attributed the intergenerational cycle to *“learned behaviour”* (NWP, 34, PC) within households where ACEs were present, highlighting that *“if a child is continually exposed to domestic violence, in all probability, especially, if they’re a male child in later years, they may then be domestic violence perpetrators themselves. Because it’s a conditioning, they think it is normal for them to behave in that manner”* (NWP, 22, Inspector).

4.5. Multi-agency working

4.5.1. Benefits of multi-agency working

National view

The importance of taking a holistic approach

All four Force areas reported that a key value of MA working was identified through the ability to take a holistic approach to policing vulnerability. This whole systems approach was reported to *“actually get a result”* (NWP, 15, Support Sergeant). Taking a holistic approach allowed police and partners to *“discuss people and have actions and see what agency can offer what support, and how best we can safeguard somebody”* (NWP, 11, PCSO), allowing for the *“bigger picture”* (SWP, 5, PS) to be seen. For example:

“So what works well is that once, if for example you’ve got a paramedic or a mental health practitioner with you at a scene, you can focus on your specialist areas which really helps lightening

the load on you, and it helps clear things up, like ‘okay these are the issues that we’ve got, what can you deal with, what can I deal with, where do we have to work together?’ GWP, 47, SC

Using a whole systems approach, therefore, allows police to benefit from the specialist skills or knowledge of MA staff. Officers described this being beneficial when working with mental health professionals as *“things that [officers] might not necessarily know about, or the best routes, they will be able to check straightaway”* (DPP, 18, PC). Additionally, it was recognised that MA staff may be better placed to engage with vulnerable individuals and therefore ensure they receive appropriate safeguarding, for example:

“The IDVAs [Independent Domestic Violence Advisors] are like a God-send to go out to victims to make sure they stay engaging with you, make sure they stay. And they will take a lot of the safeguarding pressures off you, so they are really good. Women’s Aid again are marvellous, they will sort anything out for you and work with you.” GWP, 25, PC

South Wales

A major value of MA working identified by SWP involved the relationships established between police and MA, which enabled officers to *“bypass a lot of things, so where response might take a week to get something done you can pick up a phone, you’ve got that contact”* (SWP, 9, PC). Good working relationships with key people within MA organisations was seen as key: *“I did a lot of YEP the youth enterprise, youth engagement project [...] And sort of made some contacts through that, so I got their numbers so should I need to speak to them about anybody then I can...”* (SWP, 17, PC).

The introduction of several co-located MASHs across South Wales were reported by officers to be a *“huge improvement”* and a *“massive, massive change [...] that should be encouraged to all work together”* (SWP, 3, PS), resulting in receiving information quickly; *“you’re capturing things that are priceless in one meeting, whereas before, you’d have to wait two weeks for a meeting”* (SWP, 3, PS), as well as reducing the amount of miscommunication between police and partner agencies.

Gwent

As well as taking a holistic approach to support, the benefits of co-location were also reported to be a value of MA working by Gwent officers. Primarily, this was due to the addition of mental health professionals within the police control room proving to be a major improvement in the ability of officers to respond to calls involving vulnerability, even being described by one officer as *“worth its weight in gold”* (GWP, 15, PC). Further advantages of having mental health workers alongside police during shifts included the ability to gain *“up to date information about whether someone is known to mental health services or not”* (GWP, 16, PC) and subsequently being able to *“draw up a multi-agency meeting then [...] and we can all problem-solve if you like, and find out what the best thing for this person is”* (GWP, 26, PCSO).

Dyfed Powys

A value identified for DPP officers referred to the *“close working relationships”* (DPP, 15, Inspector) that officers had established with MA staff. Primarily these relationships were created through strategy or Multi-agency Risk Assessment Conference (MARAC) meetings, for example:

“If you are a social worker and you have been working in the county for a little while, you will have gone to a strategy meeting and you will have begun to form that relationship with the police. I think that’s the benefit, is we have quite close working relationships. And I would say that’s the same for, with it being education links we have got there, the MARAC in Ceredigion...” DPP, 15, Inspector

North Wales

North Wales participants suggested working alongside MA staff allowed for officers to receive extra support when working with vulnerability cases that require additional expertise: *“obviously I’m not a medical expert so if there are any issues that are beyond my boundaries or I’m unsure as to what to do, we’ll request the assistance of paramedics”* (NWP, 48, PS).

Allowing effective communication between officers and MA staff also appeared to be a key factor in valuing MA relationships for NWP officers, *“having a direct point of contact and knowing, yeah, having a relationship, establishing a rapport with the agencies [who] assists us.”* (NWP, 40, PC). Effective communication, therefore, helped create good working relationships between the police and MA, allowing *“things to get resolved a lot quicker”* (NWP, 23, PCSO).

The value of co-location was also identified allowing officers to have quick access to individuals from different agencies, with *“... Fire service is always in control room with us... But we also have a paramedic from time to time, but they work shifts in here. So, they have access to the ambulance systems, and we have also got access to their expertise should we need it.”* (NWP, 18, Communications Operator).

Furthermore, several interviews mentioned the introduction of triage work which is running in other areas of North Wales, *“I think something that’s been rolled out in other places is like triage cars, where you have nurses or mental health workers working side by side”* (NWP, 16, PS).

However, other officers did explain that co-location had previously been trialled, and there were concerns surrounding the success of this, *“... we did have social services and police co-located in the PDP (Potentially Dangerous Person) units but that didn’t work here”* (NWP, 8, PS). Several obstacles were identified such as *“pushing for it to be co-located but with who is the difficulty”* (NWP, 8, PS) as well as the availability of such services, *“I think they even tried it in the control room of a clinician, but every time we’ve had someone with mental health problems and we ask for the clinician, there isn’t one working”* (NWP, 36, PS).

4.5.2. Challenges of multi-agency working

National view

Lack of resources for police and multi-agencies

Several factors were identified under the general theme of a lack of resources across all forces. One aspect of this was *“financial side”* (NWP, 34, PC) with *“the funding is just not there”* (NWP, 26, PC), alongside the reality of *“budget cuts”* (GWP, 28, PS) negatively impacting on abilities to tackle vulnerability. Similarly, the staffing issues and austerity was mentioned with *“lack of police and we’re struggling quite a bit with other agencies in respect of ambulance are obviously struggling because they’re short of ambulances”* (DPP, 1, Dispatcher). The reality of low resourcing and the level of demand on police and partner agencies were very closely linked, with one respondent reporting, *“and unfortunately, the budget and staffing for those statutory services hasn’t increased in line with demand”* (NWP, 22, Inspector). The increase in demand and decrease in resource availability resulted in the police getting *“passed the buck quite a lot”* (DPP, 1, Dispatcher) due to the perception that they are *“the department that can’t say no”* (GWP, 28, PS), resulting in *“a disparity, an inability to cope”* (DPP, 14, PC).

South Wales

Feelings of frustration were evident within SWP interviews when individuals were asked about the challenges of MA working. Some causes of frustration stemmed from the perception that police “*bore the brunt*” (SWP, 8, Inspector) of mental health calls in particular “*because [agencies are] always asking us to do the dirty work for them*” (SWP, 8, Inspector). Such frustrations, therefore, suggested a general consensus that other agencies were not taking responsibility within vulnerability calls and instead this was falling to the attending officers, for example: “*we feel frustrated that there’s an issue with this gentleman and his mental health, it’s not been addressed correctly by the health service. I think that’s where we get frustrated*” (SWP, 5, PS).

The increased responsibility placed upon police by other services was also viewed by some officers to be detrimental towards vulnerable individuals. For example, the below quote highlights that leaving individuals with poor mental health in the care of police officers should not be viewed as a place of safety:

“...somebody who has mental health is in crisis and what you do, you put them in a room and shut the door behind them with nothing to do but think, ah, worst place in the world, we’d have people on one to one suicide watches, we’d have them stripped out of their clothes and put them in anti-rip suits, so how degrading is that?” SWP, 8, Inspector

Gwent

Feelings of frustration when working with partner agencies was also reflected within interviews particularly around social services, with respondents recalling “*constant battles with social services*” (GWP, 14, PS) arguments that “*get quite heated at times*” (GWP, 15, PC), with this seen as “*a one-way thing, they pass a lot to us, but they won’t take anything back*” (GWP, 25, PC). This was seen as especially problematic when involving young people: “*we have had kids in the police station for up to four, five hours with social services saying, we have invoked a PPP and social services are saying they are not taking them, they have got no placements for them*” (GWP, 25, PC).

The lack of 24-hour availability for other agencies in comparison to the police service was a continuous obstacle for officers, as one explained “*crime doesn’t stop at five o’clock or on a Friday for us and the difficulty is, if we get an offence which occurs whether that be a victim or a suspect, out of those hours, it causes significant problems for us*” (GWP, 23, DC). These frustrations were further exacerbated by ‘passing the buck’; “*you will get a lot of that, they will finish at like 16:00 they will put a log on to say they have got concerns for an address, and kind of hand it over to us and then that falls under our remit*” (GWP, 25, PC).

Lack of awareness of how cases are followed up after a police referral has been made,

“I have no concept of what social services do following the referrals that we submit to them on a literally daily basis, no idea whatsoever” (GWP, 15, PC)

was also a source of frustration. Highlighting a system not joining up or valuing the contribution of each part:

“... You know when you put in like a PPN [Public Protection Notice] to social services, I would like to know what happens next like I want to know you know I’ve been told to put in a PPN and now my job is done but what have I done to help that child really like when do they pick that referral up like I don’t get any contact back from them.” GWP, 42, PC

Dyfed Powys

The limited availability of MA was also identified as a challenge within Dyfed Powys interviews. Several reasons for this included “they [MA staff] work officer hours, but we don’t work office hours” and the timing of the incident; “if it’s later on at the night its harder to get these people to come out” (DPP, 6, PCSO), leading one officer to explain, “if it’s out of hours you still feel like you are always holding the proverbial baby” (DPP, 15, Inspector). Even when MA were part of triage teams, there was a request for them to align with the demand of calls and incidents:

“With the mental health side of things we have a triage team which are invaluable, they are really, really good, we would like to see them working a few more hours really to help us out because they would be helpful to be able to contact them 24 hours.” DPP, 5, PC

The mismatch between engaging in both fast and slow time response was highlighted in that “having these services there on demand to deal with a fast time, quick actions you need now, but then also to follow up slow time” (DPP, 9, PC).

North Wales

The differences in availability of partner agencies and police was also identified as a challenge; “outside 9-5, which most of our work is, at the weekend there is no-one, no-one wants to help us, no-one” (NWP, 55, PC). As evident within Dyfed Powys and Gwent, the limited availability of social services in particular was described by officers in North Wales as “incredibly difficult” (NWP, 55, PC), stating:

“Friday afternoons at about four o’clock, we’ll get a call from social services, such and such is having mental health problems, can we have the police go and do a welfare check? So, we’ll go there, social services have gone home, enjoying their weekend and we’re left trying to pick up the pieces.” NWP, 36, PS

It was recognised that

“there are other organisations out there that are better placed to assist these people. But then, those organisations aren’t twenty-four-seven and they’re not open on the weekends when you need them the most” (NWP, 32, Inspector),

with negative effects on other emergency services with this has “meant people going into hospital where there probably wasn’t the need to, simply because there was no other option.” (NWP, 56, PS).

4.6. Personal wellbeing and access to support

4.6.1. Impact on wellbeing

National view

The impact of a high workload

In relation to factors that had the largest detrimental impact on participants’ wellbeing, it was apparent that the high workload associated with the police role was thought to harm officer wellbeing the most:

“Wellbeing wise, I think the persistence of the work... the workload is quite heavy and persistent. Sometimes you’re going from job, to job, to job. And you don’t have time to think.” DPP, 10, PC

One participant even described how the workload was so high, they often missed meals, “I’ve done four, five shifts and I haven’t eaten. Because you can’t, because you haven’t got time.” (SWP, 6, PC).

Participants also mentioned how the high workload could have an even greater impact on wellbeing if it was combined with a stressful home life.

“Because, the amount of work I was undertaking was just getting too much for me. And obviously, with my family circumstances, (...) and the difficulties we were facing at that time and decisions we were making.” GWP, 9, PCSO

It was also clear that participants felt pressured to cope with their workloads as they “don’t want to let victims down, don’t want to let people down” (DPP, 25, PC), by not doing a thorough job on every case this led to anxiety: “I worry I miss things because of the vast area that I cover... I do the work equivalent of about three sergeants about 10 years ago.” (GWP, 7, PS).

There was also evidence that some participants felt that not all officers are willing to manage their workloads, “some people don’t pull their weight and then it affects me then because I’m trying to get to the places that they say they can’t get to but they can.” (GWP, 41, PC), and also that some are more capable than others at dealing with vast amounts of work.

South Wales

In South Wales, tiredness from the long hours associated with shift patterns was also seen to have a significant influence on wellbeing, “shifts is the obvious one” (SWP, 9, PC), stating “I think sometimes shift timings, like for example when we work a weekend we work a Friday 2 till 12, a Saturday 2 till 12, a Sunday 1 till 11 and then a Monday 10 till 8, so I think certainly by the Sunday I’m flagging for sure.” (SWP, 7, PCSO).

One participant described how the long hours meant that

“you haven’t really got time to just reflect on what’s going on or be out and speaking to people. And if you have got stuff mounting up you kind of think oh, got to go in today” (SWP, 14, PCSO)

implying that the inability to self-reflect and access support can quickly lead to burn-out.

Shift patterns were also reported to have a negative effect on family life due to rotas requiring officers to work over holidays: “they want to be able to spend time with their family, then again they all [...] ask for Christmas Eve off and I have to say ‘sorry some of us have got to work, me included” (SWP, 8, Inspector).

The weight of responsibility associated with the policing role was also found to have a detrimental impact on wellbeing with participants expressing that “you want to help everyone” (SWP, 4, PS). One participant also expressed how taking on additional duties was “too much so to speak”.

Gwent

Like in South Wales, tiredness from shift patterns was the other significant factor affecting wellbeing with participants working long hours, “I did a 17 hour shift followed by a 12/13 hour day” (GWP, 13, PC) resulting in a loss of personal rhythm:

“When you should be sleeping, you’re wide awake. When you’re wide awake, you should be sleeping. It throws you off your food. It throws you off your health, your wellbeing. Arguments. Everything.” GWP, 09, PCSO

Witnessing traumatic events including “sudden deaths, especially children. Hangings and stuff like that” (GWP, 37, PC) was also consistently reported as having a negative impact on wellbeing. One participant described how the material they were required to look at was “not good for the soul”:

“Last week I went through 1300 videos... there was a lot of extreme porn, animal porn. You’re having to watch it because you have got to make sure that there is no abuse of children on there.” (GWP, 40, DC).

Other participants recounted the impact being exposed to trauma had on them with one “being afraid of being left on my own” (GWP, 37, PC) and another struggling to separate what they had seen from their personal life “[I] have been to a baby death and that was difficult, because I have got kids of my own” (GWP, 29, PC).

Dyfed Powys

Three other factors appeared to have an impact on the wellbeing for Dyfed Powys officers. The first related to the weight of responsibility associated with the policing role,

“every call you go to, there’s just a tremendous amount of responsibility on you to make the right decisions there.” (DPP, 25, PC)

and the associated fear of making mistakes “Because it’s a high-risk area of business isn’t it for us really, because if we get it wrong it’s not good for the victims, not good for us, for our PR.” (DPP, 19, Inspector).

Struggling to balance one’s home and work life was also considered to have a massive impact on wellbeing, “that’s the hardest part, is when you take something home with you and you try not to, but you can’t help it” (DPP, 1, Dispatcher). Participants also described how the amount of work they were doing was preventing them from having a home life: “...you’re never there. You can’t go away on weekends with the family ever. I mean, we get one in three weekends off... that’s not enough with kids.” (DPP, 7, PS). Other examples of participants’ relationships being affected by their work were also given: “So, with my shifts... I won’t see him for four days.” (DPP, 11, PC).

Lastly, participants frequently described the burden on their wellbeing that resulted from being exposed to traumatic events. This was described in relation to the variability of the work:

“Today, I am sat here now doing this and this is all lovely and great and in an hours’ time, I could be dealing with a guy who’d had his head cut off. And I think that’s what affects your wellbeing is dealing with those incidents.” DPP, 9, PC

And also in relation to re-traumatisation from their own childhood events:

“And I’m really bad with dead bodies. I had quite a bad trauma in my childhood from when I was like much younger and you know, and I didn’t realise that I had such a trauma until I went to my first death, sudden death in the house and it brought back so many memories to the point that I couldn’t sleep that night. I had to drive home with the light on and I couldn’t look in the mirror for like three days because I was just terrified”. DPP, 24, PC

North Wales

Prominent factors that had a negative impact on wellbeing in North Wales police was again the long hours, shift patterns and associated tiredness – “I would certainly put shifts down to it. That’s slowly killing us for sure.” (NWP, 6, PS). Participants also referred to how they often had to work beyond the end of their shift: “If I come into work at 12 and I’m supposed to be working ‘til ten at night and then suddenly I get stuck with a high risk domestic call at ten, I might not be going home until three/four in the morning.” (NWP, 28, DC).

Some participants felt that their lack of sleep was a result of not only long working hours, but also with the addition of a busy home life:

“It’s really difficult, and my mum is not well so in between sort of being main carer for my mum and her partner, having a six-year-old little girl, working shifts and getting sleep in is very hard. And that for me, if I haven’t had sleep I get really stressed, really anxious. So, that’s for me it is not really the jobs I go to, it is the sleep.” NWP, 55, PC

4.6.2. Support and other protective factors

National view

The importance of peer support and camaraderie

When discussing the types of wellbeing support that participants used “*camaraderie within the team that I work in. That is more valuable to me than anything else put together*” (NWP, 56, PS) and peer support and were considered the “*the best support we’ve got*” (DPP, 9, PC). Reasons for this were because “*colleagues have been through the same sort of stuff and are able to joke about it with you and bring out the light-heartedness in what is normally quite a dark situation*” (GWP, 47, Inspector). One participant emphasised the importance of spending time with team members outside of work so that feelings can be shared in a relaxed environment:

“PPU run fancy dresses twice a year...it’s important to socialise as well you know, because you can offload, you can give your opinions, you can talk about things and you can help each other to deal with things.” SWP, 3, PS

South Wales

In South Wales there were generally positive perceptions of wellbeing service provision with participants reporting that stations were promoting physical health by “*getting the gym downstairs up and running, healthy eating and food, we’ve got the diet competition that’s going on at the moment*” (SWP, 13, PCSO); “*And there’s plenty of opportunity to eat properly, to move away from your computer and do things*” (SWP, 2, PS).

External support was also available in the form of “*counselling, TRIM, Blue Arc, no Red Arc, you have PSD, you have your welfare person from PSD, you have your line managers, you have occupational health and those kind of things.*” (SWP, 12, Inspector).

Managers were also thought to play a large role in making officers feel cared for, “*they’re mindful of ourselves going to the calls... they would not let you go to something where they thought someone was too vulnerable*” (SWP, 13, PCSO), with participants expressing reliance on their support: “*I can literally say that if it wasn’t for the sergeant and my inspector who was on my response shift at that time probably would have had a mental breakdown.*” (SWP, 17, PC).

In relation to protective factors, active help-seeking was described as the best way to preserve one’s own wellbeing with an emphasis on the importance of being “*brave enough to say, put your hand up and say, ‘Hold on a second’...*” (SWP, 2, PS) and asking for help due to the nature of the job:

“That’s a big thing as well, is people not thinking that they, they have superpowers and they are Superman or Superwoman. But coming to terms with feelings, the emotions in the job because it can be very emotional and everything.” SWP, 3, PS

Gwent

Generally positive attitudes towards the wellbeing service provision were also evident in Gwent with participants reporting that the force was taking “*massive strides in relation to wellbeing*” (GWP, 19, PS), with “*acknowledgement that it’s a massive area that we all suffer with throughout our service. So, there’s a concerted effort now to put some resource into that.*” (GWP, 31, PC). One participant felt the movement towards a culture of wellbeing had reduced the stigma surrounding poor mental health: “*it’s now more openly discussed which is a lot better for everybody and obviously a very positive thing.*” (GWP, 34, PS).

Participants frequently claimed not to rely on external support with attitudes such as “*I’m probably a fairly typical bloke, I can deal with it.*” (GWP, 2, PC), however, family and friends were described as providing

some respite: *“a lot of us rely on family, they are the people”* (GWP, 18, DC). However, participants were also aware that there was only so much they could share with families and this sometimes acted as a barrier, *“I would normally go to family, unless it was something that maybe it was personal to them as well, in which case I would be more likely to go to colleagues”* (GWP, 47, SC).

High levels of personal resilience were seen as the best protective factor with participants often referring to their own ability to let things go, *“I have always been quite lucky really, I don’t dwell on things”* (GWP, 19, PS) and compartmentalise, *“I’ve got that mind-set where I’m like I’m now at work, I’m now at home”* (GWP, 42, PC).

Dyfed Powys

In Dyfed Powys, participants mostly described how their manager played a large role in making them feel cared for at work by asking how they are by *“checking up at the end of the shift. Or he might send a text saying oh look, that was a bit of a rough day, how are you feeling with that and stuff.”* (DPP, 18, PC) and being available for a chat, *“I can ask for personal time to speak with them, and they will listen.”* (DPP, 20, PC).

Additionally, family were used frequently for external support including talking to partners, *“my wife and that’s about it. I don’t need anything else”* (DPP, 9, PC) and children, *“I have got two grown up boys, they will occasionally phone and say right what’s wrong mam, and they will pick up on the fact that mam’s not quite as chirpy and cheerful.”* (DPP, 4, D&E).

Active help-seeking was seen as the best protective factor with participants describing how *“if you need help, you do have to kind of say you need help”* (DPP, 23, PC). Participants also emphasised the importance of encouraging others to seek help, *“sometimes you have got to be quite pushy with people, because if you don’t they are never going to go to their GP, or they are never going to go to Occy [Occupational] Health”* (DPP, 19, Inspector).

North Wales

Again there was a generally positive perception of wellbeing services, *“I think North Wales police are good with the wellbeing for officers”* (NWP, 25, PC), with participants claiming that *“it’s very well recognised that welfare is a high priority for staff.”* (NWP, 18, Control Room). The role of the manager in making staff feel cared for was also mentioned as an important type of internal support, *“I feel very, very supported by my line manager”* (NWP, 22, Inspector), with participants again reporting reliance on their senior officers: *“I’m like... “Sarge, you better be in work. Where are you? Some of us need you.”* (NWP, 31, PC).

Participants claimed not to rely on external support because they either could not, or did not want to involve their families as they *“don’t really want them to worry... You can’t give them information anyway because it’s... You know, obviously, you can’t discuss it.”* (NWP, 13, PC). This emphasised the value of having *“enough friends in the police that if I needed to then I would just offload on them”* (NWP, 50, Custody Sergeant).

Again, having high levels of personal resilience was seen as the best protective factor for wellbeing with participants referring to their own abilities to *“completely switch off”* (NWP, 33, PCSO):

One participant described how having few responsibilities in their personal life may have also acted as a protective factor:

“I can’t say anything has fazed me yet, maybe nothing big has happened. And I think a lot of my friends are saying it’s because you haven’t got kids and attachments and things like that. You are a bit of a free spirit, so nothing much fazes you.” NWP, 17, PC

4.6.3. Barriers to wellbeing support

National view

Stigma as a barrier to wellbeing support

An overarching theme was that the main barrier to accessing wellbeing support was the perceived general stigma that still surrounds poor wellbeing with perceptions that it is “a little bit like it’s a weakness.” (GWP, 21, DC) to ask for help, “with the stigma of people going off with stress and things and then the worry then of how people perceive them going off with stress will probably stop a lot of people.” (NWP, 29, PS). However, it should be noted that this was usually mentioned when participants were asked what they thought possible barriers might be and were rarely described in relation to personal experience: “I just think people are a bit reluctant to say I have got an issue, I have got a problem, I want some help...I think some people see it as a sign of weakness” (GWP, 7, PS).

It was also clear that participants felt asking for help with their wellbeing could have an impact on their careers, “how would you be looked upon potentially, whether you were just going to a new department, being promoted, things like that” (SWP, 1, DC), resulting in individuals feeling like “I don’t want to go down that road, or flag that up as a problem because it could cause me issue in future” (DPP, 14, PC).

Additionally, one participant also described how being a woman made the threat of being stigmatised even higher and worth avoiding at all costs:

“I would never have dared say to somebody I am really struggling with what I dealt with yesterday, I could never have done that, because female officers were still quite a rarity” DPP, 12, Call Handler

South Wales

Aside from general stigma, the other main barrier to accessing support in South Wales was described to be “when you know how busy it is, you’re short staffed, and you do feel, its guilt I suppose isn’t it, you think ‘I’m taking this time off.’” (SWP, 9, PC), as when an individual does need to take time off, “you know is going to stress the next person coming in” (SWP, 2, PS).

Gwent

In Gwent, it was very common for participants to claim that there are no barriers to accessing support sharing their experiences: “I had issues with anxiety and depression and I was offered support [...] I haven’t faced any barriers at the moment.” (GWP, 29, Custody Officer). And from those who had not yet accessed services: “I can’t imagine any barriers being there. It’s very much in the open and accepted now.” (GWP, 10, PCSO).

However, some participants expressed that there was a lack of wellbeing culture within the force. One participant described how they were not contacted by management following a period of sick leave:

“I had a little bit of time off in the summer for one reason or another, and I wasn’t contacted by anybody to see how things are and all the rest of it. I had nothing, and even when I came back to work I had nothing and I was back to doing it as I always had done.” GWP, 30, PC

It was also clear that when management did reach out, participants felt it was not genuine, with beliefs that “they are not concerned about anyone’s wellbeing, it’s a token gesture, it a tick in a box.” (GWP, 40, DC). Another participant described how when something was affecting their wellbeing that no effort was made to reduce their stress:

“And getting emails at 11 o’clock at night. And I’d identify [that] to them saying, “You’re not helping my anxiety, please don’t send me those emails.” And then they would continue sending them at night. So, it’s just falling on deaf ears.” GWP, 23, DC

Dyfed Powys

Participants claiming that there are no barriers to wellbeing support was also common in Dyfed Powys with responses such as “*not that I know of*” (DPP, 6, PCSO) and “*no, I don’t think so, not that I have experienced.*” (DPP, 5, PC). However, participants also acknowledged that they had not attempted to access support: “*I mean I have never had to seek any support other than what I get from my colleagues.*” (DPP, 18, PC).

The only other barrier that was mentioned by participants was the geographical location of the wellbeing services and the difficulty of getting there, “*it’s a long drive down to Carmarthen, to go and get the support*” (DPP, 4, D&E). One participant referred directly to the significant amount of travel time required which would result in needing another officer to cover their shift:

“The only thing I would say is a lot of the support is based in Carmarthen and we are in Aberystwyth... if I wanted counselling I would be thinking of who is going to cover my shift, how can I go do that?” DPP, 3, PS

North Wales

Participants in North Wales also frequently claimed that there were no barriers to accessing wellbeing support with comments such as “*no, no, very accessible I would say.*” (NWP, 23, PCSO), and “*no, I am sure if you needed it you could access it easily enough.*” (NWP, 55, PC).

However, again some participants recognised that their responses may not be accurate as they had never attempted to receive support: “*Not that I know of, no, but I have never had to use it, so I don’t know to be honest.*” (NWP, 2, DC).

4.7. Experience of organisational change within police force

4.7.1. Attitudes towards organisational change

National view

Changes are communicated by high-ranking staff

The only common theme found across all four Forces was that whenever changes were brought in “*it always comes from the top*” (NWP, 37, LPS), illustrating how higher ranking staff usually disseminate information about change; “*It comes from the top downwards*” (GWP, 32, PC); “*It’s passed down through the ranks*” (DPP, 6, PCSO). Due to this “*cascade*” (GWP, 19, PS) effect, it is clear that officers in some roles are informed before others, “*because we are the first response we might be one of the first to find out what that change is*” (GWP, 17, PC).

Senior management were also aware that passing information down the ranks was part of their role; “*as an inspector, I’m one of the critical links in trying to get that message across*” (SWP, 8, Inspector), however, some felt that people sharing the information were unknown to the local team; “*Usually it’s come from some super that nobody knows.*” (NWP, 7, PC).

Participants did not appear to feel involved in the changes that were being made, “*I don’t think we’re consulted on any changes.*” (NWP, 37, LPS) and that this was reflective of the culture: “*We are a hierarchical organisation so, obviously, the decisions are made in our NPTC office and then communicated downwards.*” (NWP, 22, Inspector). Which meant questioning changes was not an option: “*because we’re very top heavy, very authoritarian as an organisation, it’s just get on with it and do this, unfortunately*” (DPP, 7, PS).

South Wales

In South Wales, the practicality of changes proposed was reflected in responses, with respondents discussing their concerns about the sustainability of a change, which would impact on whether participants were willing to accept it, with perceptions that changes are often temporary: *“Things change so quickly, so sometimes by the time you have got grasp of something it is changing again.”* (SWP, 17, PS) with *“things will just get changed because you know, a new broom sweeps clean.”* (SWP, 2, PS).

Gwent

In Gwent, attitudes towards change were mostly influenced by the perceived practicality of operationalising the change, showing belief that *“the people that have made the changes, have no idea how it’s going to work in practice”*, with this reflecting a view that of detachment between senior and frontline officers: *“Often people laugh and it just makes you realise how detached the management are from reality.”*(GWP, 28, PS) with a lack of communication with those impacted by the change, *“I think when changes happen, they don’t speak to the people on the ground.”* (GWP, 23, DC).

Additionally, participants also felt that senior management *“don’t want to hear whether it is good, bad or indifferent, they just carry on regardless”* (GWP, 15, PC). However, other participants did feel that their voices were heard by senior staff, describing the opportunities they have had to be involved: *“They usually ask for a staff consultation period where everyone gets to have their views whether they then get this or not depends on what the views are and how it fits into the organisational objectives.”* (GWP, 39, DS).

Participants felt that changes were being made unnecessarily, *“some changes I think are brought in and they are for the better, and then some changes I just think are brought in when there’s no real need”* (GWP, 25, PC), however, there were some beliefs that some changes were brought in to aid career progression, questioning individual and organisational motives for change:

“Seems to be, from my experience people will try and reinvent the wheel, maybe to get a promotion on the back of it. And then once they move on and get that promotion then it doesn’t continue, because it’s a nice idea but it’s just not feasible to do.” GWP, 30, PC

The other frequently noted reason for change being enforced was to improve police performance, *“if it can help us out and improve our performance then I can’t see an issue with it really.”* (GWP, 29, PC), leading to accepting change, *“you just adapt. I think it’s the best way to describe it.”* (GWP, 35, PCSO).

Dyfed Powys

Similar aspects were considered to influence attitudes towards change in Dyfed Powys with personal involvement and the perceived practicalities of implementing change having the largest impact on acceptance. Participants generally felt that they were not consulted about changes, *“we don’t get much input on how things need to change from maybe a policing perspective”* (DPP, 2, Incident Handler), however, when given the opportunity participants felt their opinions had been disregarded:

“I think the Force thinks it is involving the staff... so, you get involved in those working groups, and then sometime afterwards the changes have come, and you will think they didn’t listen to a word we said.” (DPP, 16, PS).

In regards to the practicality of the change, one participant described how a change can result in a massive amount of work for staff, making it difficult to be positive, with one participant discussing this occurring with anti-social behaviour: *“you’ve got to do a full Anti-Social Behaviour risk assessment on every*

single one. Well, this takes time. And we don't have the time. So, then that change is like more of a burden than a problem solver." (DPP, 9, PC).

However, generally positive attitudes towards change were apparent across the force with feelings of hope that changes are usually for the best and therefore accepting of it: "I think there must be better [...] ways to deal with this. So, I am quite open to change really." (DPP, 19, Inspector).

Lastly, it was clear that participants felt there was an over-reliance on the NCALT system to communicate change, with many officers reporting computer-based learning packages as an ineffective method of communicating change: "People are guilty if they get sent something, 'oh it's another [...] email', click [delete]." (DPP, 19, Inspector).

North Wales

Similarly to other forces, in North Wales there were three main factors that were reported to have the greatest impact on participants' attitudes towards change. When asked if their opinions were valued, one participant responded, "oh my god, no. We are the bottom mate, we are pond life at the bottom... they will change things behind our back", before going on to say that even when they actively wanted to participate, they were ignored, "They don't take what we say seriously, because they think we are below them." (NWP, 14, PC).

Some participants reported feeling more included in the process recently, "there is a team who are looking at changes and they've been down to speak to us to see what they can do to improve" (NPP, 10, PC), with acknowledgement of increased attempts to engage staff on changes with "...more emails coming out with regards to, 'we are looking at this, what are your opinions, what do you think should happen?" (NWP, 2, DC).

The sustainability of a change was also thought to influence attitudes with beliefs that "a lot of them just become a hot topic for a month or two and then they are not anymore." (NWP, 7, PC). Another participant described changes as "flavour of the month" as they are around "for a short time and then they are replaced by something else" (NWP, 9, PC).

Method of communication was also thought to have a significant impact on attitudes "for me, it's all about how a message is communicated." (NWP, 22, Inspector), with changes that were communicated via online training packages being considered forgettable, "...literally, like, next, next, next, next, next. I couldn't tell you anything about it." (NWP, 33, PCSO).

A culture of change acceptance was also apparent among participants in North Wales with attitudes expressing that it is much easier to accept change than to fight it, "if you had a problem every time there's changes you would constantly be faffing around [laughing]." (NWP, 53, PC) resulting in beliefs such as "just embrace change I think, you can't beat it so embrace it." (NWP, 44, PCSO).

5. Discussion and Recommendations

The key aim of this report was to understand the current landscape of police officer response to vulnerability in Wales before any training on Adverse Childhood Experiences (ACEs) and trauma-informed approaches were delivered. In order to capture the rich, complex picture of policing vulnerability, a qualitative approach using semi-structured interviews with 152 serving frontline police officers from across Wales was completed.

It was deemed essential to capture the reality of policing from the voices of those frontline officers, before attempting to build knowledge, confidence and develop skills and understanding of ACEs and trauma. Understanding their attitudes and experiences of cultural and transformational change programmes and wellbeing were also key in our exploration, given previous work that highlights the importance of engagement and commitment to the agenda, along with wellbeing links to productivity (not to mention potential trauma experiences themselves) to maximise uptake and sustainability of messaging.

A reflection of the complexity of responding to vulnerability demand across the police in Wales is reflected in the fact that analysis of 152 interviews did not reach data saturation, supporting the need for full system and transformational change. A number of key themes did emerge from the analysis, briefly summarised below, with key recommendations suggested for the E.A.T programme, and wider recommendations for those wishing to embark on an ACE and trauma-informed approach to policing.

5.1. Perceptions of police responsibilities

Overall participants overwhelmingly agreed that policing vulnerability was a key part of their role, that they were best placed as first responders, and therefore should respond appropriately using their skills. Positive views on this broader role of policing talked about “*looking after people*” with a clear sense of responsibility to “*prevent escalation*” (DPP, 9 PC). Supporting previous research [5,7], there was certainly universal recognition that the role of policing had changed, with some linking this to “*cuts*” (GWP, 20, PC) within policing, and across other organisations such as social services, which resulted in increased pressure and demand on them due to the “*time*” required to deal with these incidents. This also led to beliefs that knowing things like “*what has happened in the past as a child*” was not their concern, that this is the role of other services and that they should just “*investigate crime*” (DPP, 4, D&E). This was furthered by some stating that this was taking them away from ‘traditional’ policing issues, such as “*shoplifting, burglary*” (SWP, 15, PC).

When asked about public views on the role of policing, all Welsh forces, except South Wales, stated that the public wanted more “*visibility*” of policing and therefore, more police on the streets. They believed that visibility was intrinsically linked to “*confidence*” and feeling “*safer*” and “*reassured*”, with lack of presence resulting in negative perceptions of the police: “*if we are not visible, we are not doing anything*” (GWP, 32, PC). Additionally, participants stated that there was a mismatch in the roles of policing as understood by police, compared to the public, with the public more concerned with matters that personally affected them (dog fouling, kids hanging around). North Wales participants also highlighted there was little empathy regarding the effort that goes into their role, in terms of lengths of shifts and things they have to deal with.

5.1.1. Recommendations

- Work to integrate into the role of policing to include an expectation of responding to vulnerability as a core component of policing and not just ‘fighting crime’ (traditional policing of crime, versus the reality of dealing with complex vulnerability demand);
 - Feed in to recruitment criteria to link with specific skillsets to meet the challenges and needs associated with policing vulnerability demand, initial police training and continuous training throughout the police in delivering these key messages;
 - Training with both new and existing staff to focus on confidence and skills in being able to respond more appropriately to vulnerability, as well as linking with services that can assist;
- Explore local public communications to ensure the public are aware of types of complex demand and commitment required from policing to effectively respond to this;
- Continue to explore community opinions and attitudes towards policing, their expectations, and their concerns. Ensure feedback is given at local level as to what is being done.

5.2. Police experience of working with vulnerability

All forces appeared to show empathy towards vulnerable individuals, with lots of examples given regarding the nature of vulnerability, ranging from learning difficulties, alcohol, drugs, victim, perpetrators, children and specific crime types, particularly domestic abuse. With some mentioning that “everyone can be classed as vulnerable at some point” (SWP, 14, PSC). It was clearly understood the wide spectrum of vulnerability in its various forms that is “constantly evolving” (NWP, 20, DCI), which then led to descriptions of challenges in how to respond and deal with it within their role.

Challenges centred on the restricted short-term solutions that policing can provide given the nature of their role. This was especially evident when faced with potential mental health issues, with participants explaining short-term responses such as locking people up was not appropriate. Mental health issues demand was mentioned across all forces with evidence indicating that police felt that this was where they spent most time, with the solutions they could offer limited due to knowledge, skills, limited resource and appropriate signposting. In addition, the combination of cuts in resources resulted in lack of time available to spend at incidents and feeling like they were “bounced from call to call” (SWP, 15, PC) and only dealing with it “there and then, here and now” (DPP, 12, FCC).

Most participants agreed that their force needed to improve their responses to vulnerability, and a key recommendation from frontline staff centred on “training” and “more officers”. Some also commented on the need for organisational cultural change, for those that may have become “set in their ways” in traditional policing responses. A great deal of emphasis was also placed on the ‘whole system’ challenges around responding to vulnerability focusing not just on lack of confidence, ‘knowing what to do’ or police-based resource but rather on the lack of support available (internal and external to the police system) and the capacity to support individuals across services. Suggesting that the challenges in responding to vulnerability are systems wide and not just a police issue, indicating infrastructure investment is needed elsewhere and not just across police. The positive work with multi-agencies was also mentioned within North Wales, with early intervention teams in place, which gave them confidence to “pass it onto them” (NWP, 17, PC).

5.2.1. Recommendations

- Open communications internally that gives officers on the frontline more information about the vulnerability demand, i.e., mental health demand. Managing expectations and being open with all officers about the trends and nature of demand
- Recognition of the challenges faced by police to encourage vulnerable individuals to engage with support available in response to the fairly uniform comment that ‘police are maybe not the best people to respond’
- Providing regular face to face training on vulnerability, given the wide scope and nature of vulnerability, with focus on:
 - Use of skilled specialists for training with specific expertise in various forms of vulnerability;
 - Workshops to give officers opportunity to learn appropriate responses to vulnerability and practice in safe environments;
 - Training in systems that record vulnerability: specifically addressing language, detail, and feedback provided to ensure confidence and sustainability of best practice approaches;
 - Collaborative training with key agencies that deal with vulnerability to enable cross-cutting learning regarding roles, responsibilities and services available, with relationships being able to be made.

5.3. Current police training on vulnerability

When specifically asked about training already received, the perceived relevance of the training was seen as important, with training that is tailored locally allowing for increased understanding and likelihood of being adopted outside the classroom. Participants preferred training to be delivered by experts and specialists in the areas. They also appreciated taking time out of a very busy operational role, to a classroom to be able to learn and develop, and apply the knowledge within their frontline role. There was a general dislike for online training packages and training packages that were “generic” or seen as not relevant to their role. As in the vulnerability theme, participants showed a clear need for increased training on vulnerability, particularly on dealing with individuals displaying mental health issues.

5.3.1. Recommendations

- Where possible include skilled specialists to deliver training, that can apply knowledge at a localised level and include practical examples for operationalising knowledge;
- Emphasise the relevance of training prior to and during training days – help to manage expectations and provide clarity on learning outcomes of the training and how it will benefit them and the organisation;
- Develop and implement an evaluation framework for all training, to ensure learning outcomes are being met, and allow officers to feel as though their opinions are valued in determining training going forward;
- Allow training to be accessible and frequent, as some officers felt that only certain roles were given opportunities even though their daily role required knowledge in that area;
- As mentioned in previous vulnerability section, increased training in the high demand, complex areas of vulnerability such as mental health.

5.4. Understanding of adverse childhood experiences (ACEs) and trauma

Across all four Welsh forces, a clear understanding of the long-term impact of experiencing ACEs was communicated, with participants describing this as “*trauma that’s happened at some point in their childhood or from a young age would perhaps have an impact on maybe offending or the way they now live their lives.*” (GWP, 23, DC), with this also related to intergenerational cycle of ACEs and “*learned behaviour*” (NWP, 34, PC). Many expressed this in examples of a child being exposed to domestic abuse within their household, which may show knowledge at the highest level of trauma, rather than considering other less obvious ACE factors. Interestingly, all forces showed a lack of awareness of the term ‘trauma-informed approach’, with most stating they did not know what this meant. There was also wider discussions around preventative approaches and the need to “*divert*” from criminal pathways at the “*earliest opportunity*” (NWP, 58, PCSO).

5.4.1. Recommendations

- Clear communications internally regarding the interlink between ACEs and trauma-informed approaches, rather than seeing them as unrelated;
- Training and guidance regarding the various aspects of ACEs and trauma, with attention to those less obvious and visible factors such as emotional abuse;
- Encourage the use of ACE and trauma informed language within referrals to ensure information is appropriately shared;
- To explore understanding of ACEs and trauma-informed approaches 6 months post-training, to identify whether key messages have been received and are being operationally applied.

5.5. Multi-agency working

All forces clearly demonstrated agreement on the need for multi-agency (MA), whole system approaches to best deal with vulnerability. The benefits of this were “[seeing] the bigger picture” (SWP, 5, PS), discuss with other agencies individuals and decide the best response, using specialist knowledge and resources. This sharing across agencies also allowed officers to be more aware of alternative, more appropriate routes for future similar incidents. However, many challenges were highlighted across the forces, which centred on the traditional office working hours and availability of agencies not being aligned to the demand, with many talking about handover of cases that stream in at 4-5pm. Further frustrations indicated a lack of knowledge as to what happens to cases when passed onto other agencies, with this increasing if they are then called out to the same individual, indicating that nothing has been done with their referral. Knowledge that these other organisations were best placed to deal with much of the demand, but that this was not reflected in operating hours led participants to believe the consequences, of this much needed gap in provision, were falling directly to those vulnerable individuals. One participant relating this to locking someone up who is having a mental health crisis, with this actually being “the worst place in the world” for them (SWP, 8, Inspector), all of which highlights a system not joining up or valuing the contribution of each part.

5.5.1. Recommendations

- Encourage joint training, workshops and events to allow sharing of roles and responsibilities and what happens within processes that flow between organisations;
- Provide case studies that evidence good collaborative working, so the benefits of MA working can be understood;
- Evaluate the ‘benefits’ of MA working for the organisations, practitioner and vulnerable individual, and share across those that deal work with vulnerability at all levels.

5.6. Personal wellbeing and access to support

Evidenced throughout research [32-34] and emphasised in the current interviews with frontline staff, a high, complex workload was seen to have the largest detrimental effect on wellbeing of police officers. This is significant considering the increase in 'police workload' documented within the current literature [5, 7] is related to non-criminal activity with an escalation in incidents relating to public safety, complex welfare and issues of vulnerability. This detrimental effect was recognised as being heightened due to missing meals and breaks, long shifts, the continuous nature of going from job to job, and also the feeling that they may let victims down, with this also exacerbated if they had any complex issues themselves to also deal with outside of work (e.g., family life). It was clear from the interviews that across the four forces, peer support was highly valued, stated as "*the best support we've got*" (DPP, 9, PC). This was viewed as an important part of their wellbeing both inside and outside the job. Managers were also mentioned as sources of positive wellbeing support in three of the four force areas.

Officers talked about the impact of dealing with traumatic events, with very little time given to reflect and deal with before going home. This was specifically in regards to attending physical scenes such as sudden deaths, as well as roles such as viewing indecent images of children. Participants disclosed some very troubling adverse effects of their experiences, which had troubled them in the past, or were still causing them stress and anxiety. Interviews highlighted an ongoing unmet need of post trauma care for police officers.

Although most stated there were no real barriers to accessing their own force wellbeing support, the culture and associated stigma was a key driver in why they had not accessed support when they themselves had struggled. The perceived additional work that this would also create for their colleagues was highlighted, which made them reluctant to go off sick. DPP was unique in that officers described the geographical barrier with accessing any wellbeing support, that this would require additional officer cover due to the time to travel to location, which they were unwilling to do.

5.6.1. Recommendations

As very much evidenced in current work on wellbeing nationally in Wales and England, there is still much work to be done in breaking down the perceived barriers culturally in seeking wellbeing support, including the following:

- Provide regular communications regarding wellbeing support, with case studies of how people have not had their careers adversely affected could assist, as many felt that this would be a consequence of seeking support;
- Encourage ways to promote peer support and activities. Peer support inside and outside of work was seen as the key positive impact on wellbeing. Many mentioned social activities that they do outside of work that encouraged personal discussions and offloading in safe environments with those that may understand issues through shared experiences;
- Encourage peers to help identify those that are struggling, enabling support to be sought earlier and prevent individuals from reaching crisis point or going off sick;
- Encourage reflective practice and the seeking of counsellor-based support when needed within the police.

5.7. Experience of organisational change within police

It was clear across the four Welsh forces that organisational changes were communicated and came from the top through a “*cascade*” effect (GWP, 19, PS). This inevitably led officers to feel left out of decisions and implementation methods of changes, with the questioning of changes not an option. For some officers, this left them feeling undervalued, especially when the changes were directly impacting on them and their role. Concerns about the practicality of changes proposed and the sustainability was also mentioned, with things changing “*so quickly*” (SWP, 17, PS). This was linked to the fact that many changes came from the top, with a clear indicator for them “*how detached the management are from reality*” (GWP, 28, PS). Furthermore, cynical attitudes indicated that changes often occurred to help with career progression, and this resulting in “*reinventing the wheel*” (GWP, 30, PC). Therefore, the motivation and rationale behind some changes were seen to be lost on many officers across the forces. Generally, from the interviews, NWP and DPP seemed to show more accepting attitudes towards organisational change, whereas SWP and Gwent were more likely to question the benefits of change.

5.7.1. Recommendations

- Ensure opportunities of engagement and co-design of change agendas before implementation, particularly with those groups the change would affect most;
- Provide feedback on consultancy across force and be transparent in decision making, so officers are aware of the result of their input in change processes;
- Communicate change through various forms, not just via the intranet, particularly for those groups directly affected with clear messaging on what the changes are, why (rationale for changes) and how this benefits individuals/organisation.

6. Summary

Overall, this report sought to understand the reality of policing vulnerability for those dealing with vulnerability in their day-to-day frontline duties. In doing this, a number of key emerging themes were identified, which need to be considered in any further findings across the E.A.T programme.

It should be recognised that when embarking on a transformational and organisational change programme of this size the key factors identified, in terms of (1) how police see their policing role, the public perception of this role, (2) their understanding and perceptions of vulnerability and how best to respond, (3) training attitudes and identified needs; (4) understanding of ACEs and trauma-informed approaches within policing; (5) linked with their perceptions and experiences of multi-agency working; and how this all may be impacted by their own state of (6) wellbeing, and general attitude towards (7) organisational change. This report has purposely sought to identify how each of the four Welsh forces are placed across these themes, which may later help explain findings that emerge within the evaluation. It is well evidenced that those who believe in the messages being delivered through training and wider force priorities and have the opportunities to reflect and to consider wellbeing and apply the learning of ACEs and trauma-informed approaches, will increase MA collaborative early intervention approaches, which will ultimately safeguard individuals from further harm.

7. References

- Bellis, M. A., Ashton, K., Hughes, K., Ford, K., Bishop, J., & Paranjothy, S. (2016). *Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population*. Cardiff: Public Health Wales NHS Trust
- Ford, K., Barton, E. R., Newbury, A., Hughes, K., Bezeczyk, Z., Roderick, J., & Bellis, M. A. (2019). *Understanding the prevalence of adverse childhood experiences (ACEs) in a male offender population in Wales: The Prison ACE Survey*. Cardiff: Public Health Wales NHS Trust
- McManus, M., Barton, E., Newbury, A., & Roderick, J. (2018). *Adverse Childhood Experiences: Breaking the Generational Cycle of Crime. An Overview*. Cardiff: Public Health Wales NHS Trust.
- Newbury, A., Barton, E. R., McManus, M., Ramos Rodriguez, G., Johnson, H., Janssen, H., & Glendinning, F. (2019). *Transitioning from Police Innovation to a National Programme of Transformation: An overview of the upscaling of Adverse Childhood Experience (ACE) and trauma-informed training and evaluation*. Cardiff: Public Health Wales NHS Trust
- College of Policing. (2015). *College of policing analysis: Estimating demand on the police service*. https://www.college.police.uk/News/College-news/Documents/Demand%20Report%2023_1_15_noBleed.pdf [Accessed 8th May 2019]
- Office for national Statistics (2019)
- Police & Crime Reduction Plan 2017-2021 [Internet]. 2017. Accessed 11 July, 2019 from: <https://pcclivewww.blob.core.windows.net/wordpress-uploads/2017/03/2179-SWPC-Police-and-Crime-Reduction-Plan-2017-English.pdf>.
- Home Affairs Select Committee (2018)
- Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (2018) Policing and Mental Health Picking Up the Pieces. Accessed 12th July, 2019 from <https://www.justiceinspectors.gov.uk/hmicfrs/wp-content/uploads/policing-and-mental-health-picking-up-the-pieces.pdf>
- College of Policing. (n.d.). Statements about demand on policing. https://www.college.police.uk/About/PublishingImages/Demand_infographic.jpg [Accessed 8th May 2019]
- Ford, K., Evans, J., Newbury, A., Meredith, Z., & Roderick, J. (2017). *Adverse Childhood Experiences: Breaking the Generational Cycle of Crime. Understanding the response to vulnerability by South Wales Police Force and other agencies*. Cardiff: Public Health Wales NHS Trust
- Shorrocks, S., McManus, M. A., & Kirby, S. (2019). Investigating the Characteristics of Vulnerable Referrals Made to a Multi-Agency Safeguarding Hub. *Policing: A Journal of Policy and Practice*, 13(2), 201-212.
- National Police Chiefs Council (NPCC) (2015). Policing Vision 2025. <https://www.npcc.police.uk/documents/Policing%20Vision.pdf> [Accessed 24 May 2019].
- College of Policing Five Year Strategy (2014) https://www.college.police.uk/About/Documents/Five-Year_Strategy.pdf [Accessed 24 May 2019]
- Barton, E. R., Bezeczyk, Z., Newbury, A., & Roberts, J. (2018). *Evaluation of a Structure Multi-Agency, Early Intervention Approach to Vulnerability with Neighbourhood Policing Teams*. Public Health Wales NHS Trust
- Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. D., Dube, S. R., Giles, W.H. (2006). The enduring effects of abuse and related adverse experiences in childhood. A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience*, 256(3), pp. 174-186
- Hughes, K., Ford, K., Davies, A., Homolova, L., Bellis, M. (2018). *Sources of resilience and their moderating relationships with harms from adverse childhood experiences. Report 1: Mental illness*. Public Health Wales NHS Trust.
- Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. Rockville, MD, Substance Abuse and Mental Health Services Administration.
- Ford, K., Newbury, A., Meredith, Z., Evans, J., & Roderick, J. (2017). *An evaluation of the Adverse Childhood Experience (ACE) Informed Approach to Policing Vulnerability Training pilot*. Public Health Wales NHS Trust
- Barton, E. R., Newbury, A., & Roberts, J. (2018). *Evaluation of the Adverse Childhood Experience (ACE)-Informed Whole School Approach*. Public Health Wales NHS Trust
- Grey, C., & Woodfine, L. (2018). *Adverse Childhood Experiences (ACEs) and Housing Vulnerability: Report and Evaluation of ACE-informed Training for Housing*. Public Health Wales NHS Trust
- Elwyn, L. J., Easki, N., & Smith, C. A. (2015). Safety at a Girls Secure Juvenile Justice Facility. *Therapeutic Communities: The International Journal of Therapeutic Communities*, 36, pp. 209-218.
- Marrow, M., Benamati, J., Decker, K., Griffin, D., & Lott, D. A. (2012). *Think Trauma: A Training for Staff in Juvenile Justice Residential Settings*. Participant Handbook. Los Angeles, CA, and Durham, NC, NC: National Center for Child Traumatic Stress.
- Wright, D. & Liddle, M. (2014). *Developing Trauma-Informed Resettlement for Young Custody Leaves. A Practitioner's Guide*.
- Skuse, T., & Matthew, J. (2015). The Trauma Recovery Model: Sequencing Youth Justice Interventions for Young People with Complex Needs. *Prison Service Journal*, 220, pp. 16-25.
- Longhi, D. (2015). *Higher Resilience and School Performance Among Students with Disproportionately High Adverse Childhood Experiences ACEs*: at Lincoln High, in Walla Walla, Washinton, 2009 to 2013.
- Golden, S., Aston, H., & Durbin, B. (2011). *Devon multi-agency safeguarding hub: Case-study report*. NFER.
- Cullinan, M. J. (2013). *Lancashire Improving Futures Programme*. Accessed 08 July, 2019 from www.lancashirechildrenstrust.org.uk/web/viewdoc.aspx?id=103050
- Hanson, J., Carwardine, J., Chapman, P. et al. (2015). Safeguarding Annual Report: 2014-2015. Preston: East Lancashire CCGs
- Home Office (2014). *Multi-Agency Working and Information Sharing Project: Final Report*. Accessed 08 July, 2019 from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/338875/MASH.pdf
- Kon, A. A. (2010). The shared decision-making continuum. *Jama*, 304(8), 903-904.
- Johnson, S., Cooper, C., Cartwright, S., Donald, I., Taylor, P., & Millet, C. (2005). The experience of work-related stress across occupations. *Journal of managerial psychology*, 20(2), pp. 178-187.
- Home Office. (2018). *Police workforce, England and Wales, 31st March 2018: Statistical Bulletin 11/18*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/726401/hosb1118-police-workforce.pdf [Accessed 16 May 2019]

34. Elliott-Davies, M. (2018). *PFEW Demand, Capacity and Welfare Survey 2018 Headline Statistics December 2018*. <https://www.polfed.org/media/14060/demandcapacityandwelfare-survey-headline-statistics-2018-06-02-19-v1.pdf> [Accessed 24 May 2019]
35. Houdmont, J., Elliott-Davies, M., & Donnelly, J. (2018). Leaveism in English and Welsh police forces: baseline reference values. *Occupational Medicine*, 68(9), pp. 593-599.
36. Mind (2015). Blue Light Programme research summary: An evaluation of the impact of our mental health support for emergency services staff and volunteers in 2015 to 2016.
37. Turner, T., & Jenkins, M. (2018). 'Together in Work, but Alone at Heart': Insider Perspectives on the Mental Health of British Police Officers. *Policing: A Journal of Policy and Practice*.
38. Evans, R., Pistrang, N., & Billings, J. (2013). Police officers' experiences of supportive and unsupportive social interactions following traumatic incidents. *European Journal of psychotraumatology*, 4(1), pp. 167-177.
39. Foley, J., & Massey, K. (2018). Police officers and post-traumatic stress disorder: Discussing the deficit in research, identification and prevention in England and Wales. *The Police Journal*, 92(1), pp. 23-34.
40. *Police Care UK. (n.d.b)*. One in five suffer with a form of PTSD, research finds. <https://www.policecare.org.uk/one-in-five-suffer-with-a-form-of-ptsd-research-finds/> [Accessed 29 May 2019]
41. Falconer, M., Alexander, D. A., & Klein, S. (2013). Resilience and well-being in a Scottish police force. *Scottish Institute for Policing Research*, SIPR Report—November 2013.
42. Bell, S., & Eski, Y. (2015). 'Break a Leg—It's all in the mind': Police Officers' Attitudes towards Colleagues with Mental Health Issues. *Policing: A Journal of Policy and Practice*, 10(2), pp. 95-101.
43. Kegan R, & Lahey LL. (2001). The Real Reason People Won't Change. *Harvard Business Review*.
44. Walker, J. H., Armenakis, A. A. & Berneth, J.B. (2007). Factors influencing organizational change efforts: An integrative investigation of change content, context, process and individual differences. *Journal of Organisation Change Management*, 20(6), pp. 761-773.
45. Armenakis, A.A. & Bedeian, A.G. (1999). Organizational change: a review of theory and research in the 1990s. *Journal of Management*, 25(3), pp. 293-315.
46. Bernroider, E. W. N., Koch, S., Stix, V. (2013). A Comprehensive Framework Approach using Content, Context, Process Views to Combine Methods from Operations Research for IT Assessments. *Information System Management*, 30(1), pp. 75-88.
47. Devos, G., Buelens, M., Bouckenoghe, D. (2007). Contribution of content, context, and process to understanding openness to organizational change: Two experimental simulation studies. *Journal of Social Psychology*, 147(6), pp. 607-629.
48. Pandey, P. (2015). "Context, Content, Process" Approach To Align Information Security Investments. *International Journal of Security, Privacy and Trust Management*, 4(3/4), pp. 25-38.
49. Judge, T. A., Thoresen, C. J., Pucik, V., Welbourne, T.M. (1999). Managerial coping with organizational change: A dispositional perspective. *Journal of Applied Psychology*, 84(1), pp. 107-122.
50. Oreg, S. (2003). Resistance to change: Developing an individual differences measure. *Journal of Applied Psychology*, 88(4), pp. 680-693.
51. Burke, W. W., & Litwin, G. H. (1992). 'A causal model of organisation performance and change'. *Journal of Management*, 18(3), pp. 523-545.
52. Fedor, D. B., Caldwell, S., & Herold, D. M. (2006). The effects of organizational changes on employee commitment: A multi-level investigation. *Personnel Psychology*, 59, pp. 1-29.
53. Greenwood, R., Hinings, C. R. (1996). Understanding Radical Organizational Change: Bringing together the Old and the New Institutionalism. *Academy of Management Review*, 21(4), pp. 1022-1054.
54. Beer, M. & Nohria, N. (2000). *Breaking the code of change*. Boston: Harvard Business School Press.
55. Kiely, J. A., Peek, G. S. (2002). The culture of the British police: Views of police officers. *Service Industries Journal*, 22(1), pp. 167-183
56. Rainey, H. G. (2014). *Understanding and managing public organizations*. Hoboken, NJ: John Wiley & Sons.
57. Rogiest, S., Segers, J., & van Witteloostuijn, A. (2015). Climate, communication and participation impacting commitment to change. *Journal of Organizational Change Management*, 28, pp. 1094-1106.
58. Devos, G., Buelens, M. (2003). Openness to Organizational Change: The Contribution of Content, Context, and Process. *Vlerick Leuven Gent Management School Working Paper Series*, 6, 1-26
59. Public Health England. (2016). *Police and Public Health Innovation in practice : an overview of collaboration across England: A paper to support the October 2016 summit: "creating a shared purpose for policing and health"*. Public Health England.
60. Tushman, M. L. & O'Reilly CA. (1997). *Winning through innovation*. Boston: Harvard Business School Press.
61. Armenakis, A.A. & Harris, S.G. (2002). "Crafting a change management to create transformational readiness". *Journal of Organizational Change Management*, 15(2), pp. 169-183.
62. Elving, W. J. (2005). The role of communication in organisational change. *Corporate Communications: An International Journal*, 10(2), pp. 129-138.
63. DiFonzo, N., Bordia, P. and Rosnow, R. L. (1994). Reining in rumors. *Organisational Dynamics*, 23(1), pp. 47-62.
64. Soltani, E., Lai, P.-C. and Mahmoudi, V. (2007). Managing change initiatives: fantasy or reality? The case of public sector organisations. *Total Quality Management & Business Excellence*, 18(1-2), pp. 153-179.
65. Mummolo, J. (2018). Militarization fails to enhance police safety or reduce crime but may harm police reputation. *Proceedings of the National Academy of Sciences of the United States of America*, 115(37), pp. 9181-9186.
66. Anuradha Chawla, E. K. (2004). Predicting openness and commitment to change. *Leadership and Organization Development Journal*, 25(6), pp. 485-498.
67. King, N. (2012). *Doing Template Analysis: In: Qualitative Organizational Research: Core Methods and Current Challenges*. Sage
68. Brooks, J., McCluskey, S., Turley, E., & King, N. (2015). The utility of template analysis in qualitative psychology research. *Qualitative Research in Psychology*, 12(2), pp. 202-222
69. White, V. & Robinson, S. (2014). Leading change in policing: police culture and the psychological contract. *The Police Journal: Theory, Practice and Principles*, 87(4).

8. Appendix

Table 3. Frequency and Valid Percentages of Departmental Distribution per Force Area

Department	Force Area				Total	
	Dyfed Powys	Gwent	North Wales	South Wales	Count	Percentage
Criminal Investigation	0	2	4	0	6	3.9
Community Policing	9	21	23	10	63	41.4
Custody	2	0	5	0	7	4.6
Response	10	18	22	3	53	34.9
Specialist Roles/Teams	0	0	3	1	4	2.6
Force Control Centre	5	0	1	0	6	3.9
Public Protection Unit	0	7	0	3	10	6.6
Specials	0	0	0	1	1	.7
Special Constabulary	0	2	0	0	2	1.3
Total	26	50	58	18	152	



**Camau Cynnar
gyda'n Gilydd**
**Early Action
Together**

**Rhaglen ACEau yr Heddlu a Phartneriaid
Police & Partners ACEs Programme**

Early Action Together is a partnership between Public Health Wales, the four Wales Police Forces and Police and Crime Commissioners, Barnardo's, HM Prison and Probation Service Wales, Community Rehabilitation Company Wales and Youth Justice Board Wales.

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